

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 014 ****61.25

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01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0939287

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JIM
3300 CORPORATE AVE
SUITE 110
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	GREENE, JIM	3300 CORPORATE AVE, SUITE 110	WESTON, FL 33331	☐
VP	MONCRIEFF, MICHAEL	3300 CORPORATE AVE, SUITE 110	WESTON, FL 33331	☐
T	WEINSTEIN, MARE	3300 CORPORATE AVE, SUITE 110	WESTON, FL 33331	☐
S	MARSH, ROLANDO	3300 CORPORATE AVE, SUITE 110	WESTON, FL 33331	☒
EVP	WINDHAM, SUSAN	3300 CORPORATE AVE, SUITE 110	WESTON, FL 33331	☒
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
		1495 N. PARK DR	33326	☒	☐
		1495 N. PARK DR	33326	☒	☐
		1495 N. PARK DR.	33326	☒	☐
	SECRETARY	SHERI FABIANI	1495 N. PARK DR.	☐	☒
	DIRECTOR	PAULA GLENOS	1495 N. PARK DR	☐	☒
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

(654) 236-8304

Daytime Phone #