

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90088 017 \*\*\*\*70.00

40046960



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0892379

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SCHULMAN, NORMAN  
23423 SERENE MEADOW DR SOUTH  
BOCA RATON, FL 33428

## 7. Name and Address of New Registered Agent

Name  
PDA Management Solutions, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
3801 McIntosh Rd.  
City  
Sarasota FL Zip Code  
34232

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

(NOTE: Registered Agent signature required when reinstating)

3/28/07  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	MELE, MICHAEL	
STREET ADDRESS	7650 COURTNEY CAMPBELL RD SUITE 1250	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHULMAN, NORMAN	
STREET ADDRESS	23423 SERENE MEADOW DR	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	See Attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jill Robert  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08 941-377-2038  
Date Daytime Phone #

# ATTACHMENT

40046960  
#N99000000777

## ALL ADDITIONS

T  
David Blum  
12160 NW 10 Street  
Coral Springs, FL 33071

T  
L. Bruce McCardle  
1450 Flagler Ave  
Jacksonville, FL 32207

T  
Matt Van Horn  
761 NW Aven's St.  
Port St. Lucie, FL 34983

T  
Chip Cordes  
10407 Rocket Blvd  
Orlando, FL, 32824

T  
Lew Pollack  
2384 NW 49 Lane  
Boca Raton, FL 33431

T  
Tommy Richerson  
2101 NW Corporate Blvd., Suite 410  
Boca Raton, FL 33431

T  
Brian Blankenship  
13000 W. Rockland Avenue  
Lake Bluff, IL 60044