2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002703

1. Entity Name
CRY OF THE WATER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8143 CORAL SPRINGS, FL 33075	P.O. BOX 8143 CORAL SPRINGS, FL 33075

05162006 No Chg-NP CRZE037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939698
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, DANIEL
10772 LA PLACIDA DR., #103
CORAL SPRINGS, FL 33065

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CLARK, DANIEL
STREET ADDRESS	10772 LA PLACIDA DR., #103
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	DT
NAME	PRAVATA-CLARK, STEPHANIE
STREET ADDRESS	10772 LA PLACIDA DR., #103
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	DS
NAME	SCIANNI, LEONARD F
STREET ADDRESS	5200 N. FEDERAL HWY, #2-1187
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/06-80012-012 61.25

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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.

954-753-9737

SIGNATURE: Stephanie Pravata-Clark 5-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #