

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006811

1. Entity Name
**PARENTS PLANNING PROGRAMS FOR THE
DEVELOPMENTALLY DISABLED OF FLORIDA, INC.**



Principal Place of Business
**356 LAS OLAS DRIVE
MELBOURNE BEACH, FL 32951**

Mailing Address
**356 LAS OLAS DRIVE
MELBOURNE BEACH, FL 32951**



01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 59-3573781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLAUSMAN, LILA A
356 LAS OLAS DRIVE
MELBOURNE BEACH, FL 32951**

**DO NOT WRITE
IN THIS SPACE**

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

U00000407048
02/07/06-80115-023 61.25

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KLAUSMAN, ANDREW G
512 HIBISCUS TRAIL
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
AMALFITANO, EUGENIE A S/D
705 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
KLAUSMAN, LILA A P
356 LAS OLAS DRIVE
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
KLAUSMAN, EUGENE F T/D
356 LAS OLAS DRIVE
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Eugene F. Klausman

1/27/2006

321 724-8899

Date

Daytime Phone #