## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # P04000144322 1. Entity Name 02-16-2006 90062 038 \*\*\*150.00 CLEMATIS MANAGEMENT CORP. Principal Place of Business Mailing Address 100 SOUTH OLIVE AVENUE P.O. BOX 1625 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-1769790 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SATTER, JONATHAN R Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 City 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, typed or printed name of registered agent and titlo if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Addition Satter, Jonathan R. SATTER, JONATHAN R NAME NAME 100 South Olive Avenue STREET ADDRESS STREET ADDRESS 115 PALMETTO LANE CITY-ST-ZIP CITY-ST-ZIP West PAIM Brach PC 33401 WEST PALM BEACH FL 33405 ☐ Delete TITLE TITLE Change Ch Addition DeWoody, Donald K. Jr DEWOODY, DONALD K JR. NAME NAME 100 South OLIVE Avenue STREET ADDRESS 1280 BEAR ISLAND DRIVE STREET ADDRESS West Palm Beach PC 33401 CITY-ST-ZIP CITY - ST - ZIP WEST PALM BEACH FL 33409 Change ☐ Detete ☐ Addition Elhilow, Mark B. 100 South Olive Avenue NAME ELHILOW, MARK B STREET ADDRESS STREET ADDRESS 215 5TH STREET #200 West PAIM BEACH PL 33401 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE NAME NAME

12. I hereby certify that the information subplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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 607, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_\_

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jonathan R. Satter

(561-)659=1800

FILED