# FILED
# May 07, 2007 8:00 am
# Secretary of State
04-18-2007 90167 045 ***150.00

4/1

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000105735**

1. Entity Name
VISIONARY LAKES CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3771 NW 107TH TERRACE<br>SUNRISE, FL 33351 | 3771 NW 107TH TERRACE<br>SUNRISE, FL 33351 |

66013596

04082007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number — Applied For / √ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RAZOR, ARTHUR N<br>3900 HOLLYWOOD BLVD SUITE 302<br>HOLLYWOOD, FL 33021 | Name Elaine ~~Razor~~ Rynolds<br>Street Address (P.O. Box Number is Not Acceptable)<br>3185 NW 85 Ave<br>City Carol Spring FL Zip Code 33065 |

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 Razor Arthur N / Elaine Rynolds DATE 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVS<br>PARKS, MONICA<br>3771 NW 107TH TERRACE<br>SUNRISE, FL 33351 | ☐ Delete | TITLE P<br>Elaine Rynolds<br>3185 NW 85 Ave<br>Carol Spring Fla 33065 | ☐ Change | ☑ Addition |
| | | ☐ Delete | TITLE √<br>Jennifer Wait Myrie<br>9050 NW 28 st<br>Carol Spring Fla 33065 | ☐ Change | ☑ Addition |
| | | ☐ Delete | TITLE S<br>Beverly Orr<br>8205 NW 21 st<br>Sunris Fla 33322 | ☐ Change | ☑ Addition |
| | | ☐ Delete | TITLE D<br>Teresia Simmons<br>348 NW 89 Lane<br>Carol Spring Fla 33071 | ☐ Change | ☑ Addition |
| | | ☐ Delete | TITLE C<br>Hyicinth Campbell<br>8205 NW 28 st<br>Carol Spring Fla 33322 | ☐ Change | ☑ Addition |
| | | ☐ Delete | TITLE M<br>Polly Thomas<br>4476 NW 99 Ave<br>Sunrise Fla 33351 | ☐ Change | ☑ Addition |

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 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.

**SIGNATURE:** Monica Parks April 1 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I need to Appily for FEI Number how do I appily