

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000004507

1. Entity Name
CVG SPECIAL MEMBER, INC.



Principal Place of Business
C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DR, SUITE 1101E
WEST PALM BEACH, FL 33401 US

Mailing Address
C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DR, SUITE 1101E
WEST PALM BEACH, FL 33401 US

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0399257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVESTRI, LAWRENCE A
777 S. FLAGLER DRIVE
STE 1101E
WEST PALM BEACH, FL 33401

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GOODMAN, MURRAY H
STREET ADDRESS	911 NORTH OCEAN BLVD.
CITY - ST - ZIP	PALM BEACH, FL
TITLE	VS
NAME	GARVIN, DORANNE M
STREET ADDRESS	777 S. FLAGLER DR. #S1101
CITY - ST - ZIP	WPB, FL
TITLE	V
NAME	SILVESTRI, LAWRENCE A
STREET ADDRESS	777 S FLAGLER DR, STE 1101E
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	T
NAME	SHEWALTER, WILLIAM A
STREET ADDRESS	777 S FLAGLER DR STE 1101E
CITY - ST - ZIP	WPB, FL
TITLE	AS
NAME	JACOBS, HAROLD
STREET ADDRESS	1650 ARCH ST 22ND FL
CITY - ST - ZIP	PHILADELPHIA, PA 191032097
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 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:

William A. Shewalter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2006

Date

561-833-3777

Daytime Phone #

William A. Shewalter, Treasurer