

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90047 036 \*\*\*150.00

**DOCUMENT # P97000031090**

1. Entity Name

1711 DONNA ROAD ASSOCIATES, INC.



Principal Place of Business

105 SOUTH NARCISSUS AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33402

Mailing Address

105 SOUTH NARCISSUS AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33402

**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0755659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERRY R. SCHWENCKE, P.A.  
~~1645 PALM BEACH LAKES BOULEVARD~~  
~~SUITE 200~~ 1209 North Olive Avenue  
WEST PALM BEACH, FL 33401

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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 renewing)

DATE

**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

TITLE	PD
NAME	THOMAS, NORMAN
STREET ADDRESS	105 SOUTH NARCISSUS AVENUE, SUITE 600
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	STD
NAME	THOMAS, SUSAN
STREET ADDRESS	105 SOUTH NARCISSUS AVENUE, SUITE 600
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	KUEHL, JEFFREY
STREET ADDRESS	623 NORTHLAKE BLVD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07  
Date

561-659-5554  
Daytime Phone #