

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90310 036 ***150.00

DOCUMENT # P97000102520

1. Entity Name

**ADVENTURE BAY PRESCHOOL-CHILD CARE CENTER OF
PLANTATION, INC.**



Principal Place of Business

**10141 CLEARY BLVD
PLANTATION FL 33324**

Mailing Address

**4400 W SMPLE RD #116
COCUNUT CREEK FL 33073
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**GREEN, LENORE
4400 W SAMPLE ROAD SUITE 116
COCONUT CREEK FL 33063**

7. Name and Address of New Registered Agent

Name

Green, Lenore

Street Address (P.O. Box Number is Not Acceptable)

4400 W. Sample Road Suite 116

City

Coconut Creek

FL

Zip Code

33073

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GREEN, LENORE**
STREET ADDRESS **5648 N.W. 88TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** ☐ Delete
NAME **GREEN, PHILLIP**
STREET ADDRESS **5648 N.W. 88TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **SD** ☒ Delete
NAME **GOLD, CHERYL**
STREET ADDRESS **6672 BAYFRONT DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Change ☒ Addition
NAME **Cheryl Hyatt**
STREET ADDRESS **5032 16th Court**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **D** ☒ Change ☐ Addition
NAME **Green, Lenore**
STREET ADDRESS **4400 W. SAMPLE ROAD**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **PD** ☐ Change ☐ Addition
NAME **Hyatt, Cheryl**
STREET ADDRESS **4400 W. SAMPLE ROAD**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☒ Change ☐ Addition
NAME **~~Green, Lenore~~**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **Green, Phillip**
STREET ADDRESS **4400 W. SAMPLE ROAD**
CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied 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 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:

Lenore S. Green President
Date **3-22-06** Daytime Phone # **954-972-6321**