2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

	ANNUAL	KEPOKI					oorotor	••• ••	C40	40
DOCUMENT # P9900032467 1. Entity Name SELWITZ COMMUNITY MANAGEMENT, INC.						Secretary of State 02-04-2008 90030 027 ***150.00				
SELWIIZ	COMMUNITY MANAGEME	ENT, INC.		官罗	29					
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Principal Plac	e of Business	Mailing Address 🔌 🐧	jë.	1	-0:	والمعاربين				
834 FIRST S PORT ORANG	TREET SEE, FL 32119	PO BOX 291205 PORT ORANGE, FL 32	129-120)5			1			**
	Place of Business - No P.O. Box #	3. Mailing Address								
5466 Crane Feather Drive Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042008	Chg-P	CR2E03	4 (12/06)	
City & Stat	orange, FL	City & State			•	4. FEI Number 59-3568				plied For at Applicable
Zip Country 32128 US		Zip	try		5. Certificate of Status Desired					
JEILO	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New Re	gistered A	gent	
CELIARTY	DADDADA			Name						
SELWITZ, BARBARA 834 FIRST STREET				Street Address (P.O. Box Number is Not Acceptable) 5466 Crane Feather Drive						
PORT OR	ANGE, FL 32119			54.b	b_Lr	ane Feath	er Urive	· ··		
				City	Port Orange FL Zip Code 32128					
	e named entity submits this statement to	r the purpose of changing its	registere	ed office or	register	ed agent, or both	, in the State of Flor	ida. I am fa	miliar with,	and accept
trie obligat	tions of registered agent.	la lux 7						01/20	2/10	
SIGNATURE.	Signature, typed to printed name of registered agent a	and this if applicable. (NOT	E: Registere	d Agent signatu	re required	when reinstating)		DATE	1100	
								·		
FiL After M	E NOWIN: FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ncing		00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE	PST)	☐ Delete	TITLE		DPS	Τ			XX Change	Addition
NAME STREET ADDRESS	SELWITZ, BARBARA 834 FIRST STREET		NAM! STRE	et address			Feather Di			
CITY-ST-ZIP	PORT ORANGE, FL 32119			- \$T- ZIP	Po	rt Orange	e, FL 32128	3		
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE		□ Doloto	TITLE						Change	☐ Addition

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Bawara & Selwit

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

<u>Barbara J. Selwitz</u>

(386) 756-7700

Daytime Phone #