

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000038144

1. Entity Name

ADVENTURE BAY EARLY LEARNING CENTER OF  
MIRAMAR, INC.



Principal Place of Business

10950 PEMBOKE ROAD  
MIRAMAR, FL 33025

Mailing Address

7900 N UNIVERSITY DR  
203  
TAMARAC, FL 33321

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0918801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, LENORE S  
7900 N UNIVERSITY DR  
203  
TAMARAC, FL 33321

**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 renewing)

U00000955691  
07/22/08 00002 005 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GREEN, LENORE S  
STREET ADDRESS 7900 N UNIVERSITY DR SUITE 203  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SD  
NAME HYATT, CHERYL  
STREET ADDRESS 7900 N UNIVERSITY DR SUITE 203  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD  
NAME DALLAS, KAREN  
STREET ADDRESS 7900 N UNIVERSITY DR SUITE 203  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

*Lenore S. Green* Lenore S. Green - President 7-16-08/722-6377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #