

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760677

FILED
Feb 16, 2007
Secretary of State

Entity Name: ADIOS GOLF CLUB, INC.

Current Principal Place of Business:

7740 NW 39TH AVE
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0310
COCONUT CREEK, FL 33097

New Mailing Address:

P.O. BOX 970310
COCONUT CREEK, FL 33097

FEI Number: 59-2195728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, WILLIAM F.
4875 N. FEDERAL HWY. 10TH FLOOR
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

LEONARD, WILLIAM F.
1995 OAKLAND PARK BLVD
FT. LAUDERDALE, FL 33306 US

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.

SIGNATURE:

02/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAFEL, EDWARD
Address: 9188 LONG LAKE PALM DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: VPD () Delete
Name: LEVITETZ, JEFFREY
Address: 18136 SENTINEL CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: TD () Delete
Name: SCOTT, RICHARD
Address: 47559 BLUE HERRON COURT
City-St-Zip: NORTHVILLE, MI 48167

Title: SD () Delete
Name: PREVETT, ANTHONY
Address: 3308 NE 37TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVITETZ, JEFFREY
Address: 18136 SENTINEL CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: VPD (X) Change () Addition
Name: LUCCI, MICHAEL
Address: 3184 MIDDLEBELT
City-St-Zip: BLOOMFIELD, MI 48323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FARINA, JOSEPH
Address: 4 DOGWOOD DRIVE
City-St-Zip: MORRISTOWN, NJ 07960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEFFREY LEVITETZ

PD

02/16/2007

Electronic Signature of Signing Officer or Director

Date