

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761431** (6)

1. Corporation Name

JOCKEY CLUB III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD  
N MIAMI FL 33181  
US

11111 BISCAYNE BLVD  
N MIAMI FL 33181  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/13/1982

4. FEI Number

59-2157365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

REINHARD, SANFORD N  
2875 NE 191ST ST.  
SUITE 404  
NORTH MIAMI BEACH FL 33180

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENBLUTH, MORTON	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOST, DOROTHY	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHULL, CLAIR	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, ROBERT	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LORING, MERYL	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REICH, ROBERT	
STREET ADDRESS	11111 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MILTON STEINBERG	
1.3 STREET ADDRESS	11111 BISCAYNE BLVD	
1.4 CITY-ST-ZIP	MIAMI, FL 33181	
2.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD DONOFF	
2.3 STREET ADDRESS	11111 BISCAYNE BLVD	
2.4 CITY-ST-ZIP	MIAMI, FL 33181	
3.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS HEARD	
3.3 STREET ADDRESS	11111 BISCAYNE BLVD	
3.4 CITY-ST-ZIP	MIAMI, FL 33181	
4.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOR HALVORSEN	
4.3 STREET ADDRESS	11111 BISCAYNE BLVD	
4.4 CITY-ST-ZIP	MIAMI, FL 33181	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*MILTON STEINBERG* 305-891-1804 1-15-98

CR2E037 (10/97)