

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761431

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: JOCKEY CLUB III ASSOCIATION, INC.

## Current Principal Place of Business:

11111 BISCAYNE BLVD  
MIAMI, FL 33181 US

## New Principal Place of Business:

## Current Mailing Address:

11111 BISCAYNE BLVD  
MIAMI, FL 33181 US

## New Mailing Address:

FEI Number: 59-2157365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAXBERG, BARRY  
25 S.E. 2ND AVE  
MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DONOFF, RICHARD  
Address: 11111 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

Title: BM ( ) Delete  
Name: HARRIETT, WOLFSON  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: VP ( ) Delete  
Name: STEINBERG, MILTON  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: S ( ) Delete  
Name: KOLSKY, DEBRA  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: BM ( ) Delete  
Name: LEON, LUIS  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: BM ( ) Delete  
Name: LORING, BOB  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: HARRIETT, WOLFSON  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

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

Title: BM (X) Change ( ) Addition  
Name: KOLSKY, DEBRA  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD DONOFF

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date