


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001597**

1. Entity Name  
 USS HOGA YT-146 ASSOCIATION, INC.



Principal Place of Business      Mailing Address

4470 RAVENSWOOD ROAD      4470 RAVENSWOOD ROAD  
 FT. LAUDERDALE, FL 33312      FT. LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0990265      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, MITCHELL  
 3800 SO. OCEAN DR., STE. 219  
 HOLLYWOOD, FL 33019

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when persisting) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

U00000070440  
 03/01/04-80041-026 70.50

**10. OFFICERS AND DIRECTORS**

TITLE: PSTD  
 NAME: SILVERSTRI, GINA L  
 STREET ADDRESS: 4470 RAVENWOOD ROAD  
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33312

TITLE: SRVD  
 NAME: CARSTEN, ED  
 STREET ADDRESS: 4470 RAVENSWOOD ROAD  
 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312

TITLE: D  
 NAME: SILVESTRI, JAMES  
 STREET ADDRESS: 4470 RAVENSWOOD ROAD  
 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312

TITLE: D2VP  
 NAME: TERMINELLO, LOUIS  
 STREET ADDRESS: 4470 RAVENSWOOD ROAD  
 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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12. 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 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 617, 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: Gina L Silverstri      Date: 2/23/04      Daytime Phone #: 954-558-0415