

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90009 018 ****70.00

44015333



02172004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0645994** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

WILLIAM K. ISAACSON
21045 COMMERCIAL TRL
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 reinstating)

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **KLEIN, HARVEY**
STREET ADDRESS **6687 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☐ Delete
NAME **RIPPNER, LOUIS**
STREET ADDRESS **6748 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **STD** ☐ Delete
NAME **MALLOCH, JUDITH**
STREET ADDRESS **6735 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☒ Delete
NAME **MICHELSON, ALAN**
STREET ADDRESS **6633 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **PD** ☐ Delete
NAME **ASCHER, STEWART**
STREET ADDRESS **6627 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☐ Delete
NAME **CASTER, MILTON DR**
STREET ADDRESS **6802 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/01/04