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FILED

Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726284 (3)

1. Corporation Name

SOUTH FLORIDA BLUEGRASS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1511 N.E. 207 STREET
NORTH MIAMI BEACH FL 331791511 N.E. 207 STREET
NORTH MIAMI BEACH FL 33179-21133. Date Incorporated or Qualified
04/30/19733a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

65-0255820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RACKEAR, GARY S., ESQ.
2534 S.W. 6 STREET
MIAMI FL 33135

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETENAME TOM BROWN
STREET ADDRESS 6523 SW 22 ST.
CITY-ST-ZIP MIRAMAR FLTITLE V ☒ DELETENAME LEONARD HANDLER
STREET ADDRESS 11900 NW 29 MANOR
CITY-ST-ZIP SUNRISE FLTITLE S ☐ DELETENAME BRAESEKE, HELEN
STREET ADDRESS 1736 N. 16 COURT
CITY-ST-ZIP HOLLYWOOD FLTITLE D ☐ DELETENAME MASON, JAMES
STREET ADDRESS 3330 S.W. 34 STREET
CITY-ST-ZIP HOLLYWOOD FLTITLE D ☒ DELETENAME WORLEY, D D
STREET ADDRESS 6130 SW 38 ST
CITY-ST-ZIP MIRAMAR FLTITLE D ☒ DELETENAME TYLER, DONNA
STREET ADDRESS 910 NE 178 TERR
CITY-ST-ZIP N. MIAMI BCH FL1.1 TITLE PRESIDENT ☒ Change ☐ Addition1.2 NAME LEONARD HANDLER
1.3 STREET ADDRESS 11900 NW 29 MANOR
1.4 CITY-ST-ZIP SUNRISE, FL 33323-15562.1 TITLE V. PRESIDENT ☒ Change ☐ Addition2.2 NAME 7956 TROPICANA ST
2.3 STREET ADDRESS MIRAMAR, FL 33023
2.4 CITY-ST-ZIP LARRY SORGE3.1 TITLE D ☒ Change ☐ Addition3.2 NAME MARK ANTON
3.3 STREET ADDRESS 2718 MADISON ST
3.4 CITY-ST-ZIP HOLLYWOOD FL 330204.1 TITLE T. DONNA TYLER ☒ Change ☐ Addition4.2 NAME 1310 N 67 TR.
4.3 STREET ADDRESS HOLLYWOOD FL
4.4 CITY-ST-ZIP 330245.1 TITLE D ☐ Change ☐ Addition5.2 NAME MARVIN WEINSTEIN
5.3 STREET ADDRESS 910 NE 178 TERR
5.4 CITY-ST-ZIP N. MIAMI, BCH. FL 331616.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)