2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Zip

C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

PHOENIX MANAGEMENT 4780 N. STATE ROAD 7 STE. E 250 FORT LAUDERDALE FL 33319

DOCUMENT # 752393

1. Entity Name

Principal Place of Business

PHOENIX MANAGEMENT 541 S STATE ROAD 7, #12 MARGATE FL 33068

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOCIATION III, INC.

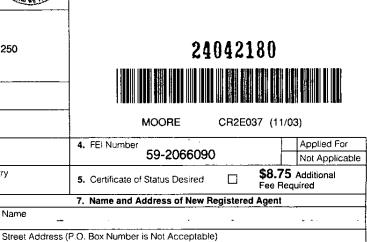


Country

City

FILED Apr 14, 2004 8:00 am Secretary of State

04-14-2004 90047 021 ****61.25



Zip Code

GOLDBERG, SHELDON PHOENIX MANAGEMENT 541 S STATE ROAD 7, #12 MARGATE FL 33068

Country

6. Name and Address of Current Registered Agent

the obligations of registered agent.								
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Chec Florida Depa		
10.	OFFICERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO		IGES TO OFFICERS AND D	TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, KENNETH M. 20558 NE 6TH CT N. MIAMI BEACH FL 33179	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, KIMBERLY 20586 NE 6TH COURT N. MIAMI BEACH FL 33179	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SD GERDES, LYONEL 20550 NE 6TH CT N. MIAMI BEACH FL 33179	Delete , ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		x - ==		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICHOLAS, ST SURIN 20544 NE 6TH CT N. MIAMI BEACH FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOVAK, ROBERT D 20584 NE 6TH CT NORTH MIAMI BEACH FL 33179	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NV ME STREET APDRESS CITY-ST: ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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 of 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.								