

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

FILED

04 JUL 16 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/12/04 90004 016 \$70.00



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2020998</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WILLIAM K. ISAACSON,  
C/O LANG MANAGEMENT COMPANY, INC.  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486-1006

**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 \_\_\_\_\_  
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 September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GOODGION, DON
STREET ADDRESS	3069 N.W. 26TH CT.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	O'CONNOR, DAVID
STREET ADDRESS	3098 NW 25TH TERR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	TD
NAME	BENDER, JERRY
STREET ADDRESS	3093 NW 28 TERR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VPD
NAME	LENHARDT, MICHAEL
STREET ADDRESS	3049 NW 28 TER
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	MONTES, CEDRICK
STREET ADDRESS	2848 N.W. 30 STREET
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

7/7/04