

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719950

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** THE HEMISPHERES SOCIAL CLUB, INC.

**Current Principal Place of Business:**

C/O DOROTHY ROSS  
1985 S. OCEAN DR 5N  
HALLANDALE, FL 33009

**New Principal Place of Business:**

C/O DOROTHY ROSS  
1985 S. OCEAN DR 5N  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

C/O DOROTHY ROSS  
1985 S. OCEAN DR 5N  
HALLANDALE, FL 33009

**New Mailing Address:**

C/O DOROTHY ROSS  
1985 S. OCEAN DR 5N  
HALLANDALE BEACH, FL 33009

**FEI Number:** 23-7313568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, DOROTHY  
1985 SOUTH OCEAN DRIVE  
APT # 5N  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

ROSS, DOROTHY  
1985 SOUTH OCEAN DRIVE  
APT # 5N  
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE:

01/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROSS, DOROTHY,  
Address: 1985 S .OCEAN DR.,APT 5N  
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete  
Name: SINGER, HERB,  
Address: 1950 S. OCEAN DR.APT 16B  
City-St-Zip: HALLANDALE, FL 33009

Title: VDVP ( ) Delete  
Name: FRANK, BELLE  
Address: 1950 S OCEAN DR #12E  
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete  
Name: LEITSTEIN, JEANNE  
Address: 1950 S OCEAN DR 17-E  
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete  
Name: SINGER, EVE  
Address: 1950 S. OCEAN DRIVE, APT. 16B  
City-St-Zip: HALLENDALE, FL 33009

Title: SD ( ) Delete  
Name: KAUFMANN, EDYTHE  
Address: 1980 S OCEAN DR APT 20F  
City-St-Zip: HALLENDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB SINGER

VD

01/05/2005

Electronic Signature of Signing Officer or Director

Date