

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 MAR 14 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



[Handwritten signature]

03062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1939606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHOENIX MANAGEMENT SERVICES INC
4780 N STATE RD 7
SUITE E25G
LAUDERDALE LAKES, FL 33319

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

Amended AR is \$61.25

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	D	<input type="checkbox"/> Delete
NAME	CHACE, JOHN	
STREET ADDRESS	16401 GOLF CLUB ROAD #209	
CITY-ST-ZIP	WESTON, FL 33068	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COTLER, MARILYN	
STREET ADDRESS	16401 GOLF CLUB RD #308	
CITY-ST-ZIP	WESTON, FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, MORIS	
STREET ADDRESS	16401 GOLF CLUB RD, #105	
CITY-ST-ZIP	WESTON, FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, HELENE	
STREET ADDRESS	15401 GOLF CLUB RD	
CITY-ST-ZIP	WESTON, FL 33068	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WATKINS, WENDELL	
STREET ADDRESS	16401 GOLF CLUB RD #301	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHSTEIN, HARVEY	
STREET ADDRESS	16401 GOLF CLUB ROAD #101	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANICK, GILDA	
STREET ADDRESS	16401 GOLF CLUB ROAD	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800069624948	
STREET ADDRESS	04/06/06--01012--025 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Handwritten signature: Marilyn Cotler]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #