

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760677

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: ADIOS GOLF CLUB, INC.

**Current Principal Place of Business:**

7740 NW 39TH AVE  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 970310  
COCONUT CREEK, FL 33097

**New Mailing Address:**

FEI Number: 59-2195728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEONARD, WILLIAM F.  
1995 OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33306 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVITETZ, JEFFREY  
Address: 18136 SENTINEL CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: VPD ( ) Delete  
Name: LUCCI, MICHAEL  
Address: 3184 MIDDLEBELT  
City-St-Zip: BLOOMFIELD, MI 48323

Title: TD ( ) Delete  
Name: SCOTT, RICHARD  
Address: 47559 BLUE HERRON COURT  
City-St-Zip: NORTHVILLE, MI 48167

Title: SD ( ) Delete  
Name: FARINA, JOSEPH  
Address: 4 DOGWOOD DRIVE  
City-St-Zip: MORRISTOWN, NJ 07960

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

Title: PD (X) Change ( ) Addition  
Name: LUCCI, MICHAEL  
Address: 49 SPANISH RIVER DRIVE  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD (X) Change ( ) Addition  
Name: SCOTT, RICHARD  
Address: 47559 BLUE HERRON COURT  
City-St-Zip: NORTHVILLE, MI 48168

Title: TD (X) Change ( ) Addition  
Name: FARINA, JOSEPH  
Address: 4 DOGWOOD DRIVE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: SD (X) Change ( ) Addition  
Name: SGARLATO, ROBERT  
Address: 16 BUTTONWOOD ROAD  
City-St-Zip: STATEN ISLAND, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL LUCCI

PD

02/12/2008

Electronic Signature of Signing Officer or Director

Date