


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

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 012 ****61.25

DOCUMENT # 761431

1. Entity Name
JOCKEY CLUB III ASSOCIATION, INC.



Principal Place of Business Mailing Address

**11111 BISCAYNE BLVD
MIAMI FL 33181
US** **11111 BISCAYNE BLVD
MIAMI FL 33181
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2157365 Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**BLAXBERG, BARRY
25 S.E. 2ND AVE
MIAMI FL 33181**

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.

same registered agent

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title of office. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW - FEE IS \$61.25
Due By May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	DONOFF, RICHARD	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	BM	<input type="checkbox"/> Delete
NAME	HARRIETT, WOLFSON	
STREET ADDRESS	11111 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEINBERG, MILTON	
STREET ADDRESS	11111 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOLSKY, DEBRA	
STREET ADDRESS	11111 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Stanley Worton	
STREET ADDRESS	11111 Biscayne Blvd	
CITY-ST-ZIP	Miami, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Leon	
STREET ADDRESS	11111 Biscayne blvd	
CITY-ST-ZIP	Miami, Fl 33181	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Loring	
STREET ADDRESS	11111 Biscayne Blvd	
CITY-ST-ZIP	Miami, Fl 33181	
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 Section 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: *Richard Donoff* 4/18/08 305-891-1804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #