## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2004 08:00 AM Secretary of State

_	ANNUAL	REPORT			Secr	etary of State
1	MENT # N000000015			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>j</i> 12	
1. Entity Name USS HOGA YT-146 ASSOCIATION, INC.			7			
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Principal Plac	e of Business	Mailing Address				
4470 RAVENSWOOD ROAD		4470 RAVENSWOOD ROAD		}		
FI. LAUDERL	DALE, FL 33312	FT. LAUDERDALE, FL 33312		I MANY MARKET MARKET		n espei liesa Milla afili ibaliki St (SS)
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E	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
				65-099026	5	Not Applicable
			dinakan i	5. Certificate of St	atus Desired	S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		<b>a</b> az pinyi paninini pa		
HOMABD	MITCHELL					
3800 SO.	, MITCHELL OCEAN DR., STE. 219			1.0	OT WR	4 4 4 4 5 4 4 4 1 1
HOLLYWO	OOD, FL 33019		Mille Med	IN TH	IIS SPA	CE
	named entity submits this statement for t	h		rod sport or both in	the State of Florids	Lam familiar with and accent
the obliga	tions of registered agent.	tile hothoze of challding its register	ied diffice of Teglate.	red agent, or both, in	the other or trouds	z. 1 giri iditinici vitali asta docop.
SIGNATURE.				<u> </u>	- <u>1</u>	· · ·
	Signature, typed or printed name of registered agent an	d tatle of applicable. (NOTE, Register	eq Voeut advarnie tednice	d when reinstaling)		DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Fina     Trust Fund Contribution		.00 May Be ded to Fees	70 <b>0</b> 000001 3/01/04-80	'0440 0641-026 70.50
10.	OFFICERS AND D	IRECTORS .	ilisidastawa			
Title	PSTD					and the second of the second o
NAME STREET ADDRESS	SILVERSTRI, GINA L 4470 RAVENWOOD ROAD			arad ny digarita. Tambéh bandura		
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TITLE	SRVD					
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TITLE	D				di Id	
NAME SIREET ADDRESS	SILVESTRI, JAMES 4470 RAVENSWOOD ROAD		ta dilita	Taruf terdir. Daka Kacamatan	r i u r isis jedel Kanada kara	
CITY-SI-ZIP	FT. LAUDERDALE, FL 33312			DO N	IOT WE	
TILE	D2VP			IN TI	HIS SP/	ACE
NAME STREET ADDRESS	TERMINELLO, LOUIS 4470 RAVENSWOOD ROAD			ig WMJaffi		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	•_	i miakitawa			
TITLE		<del></del>			er er far er di Er fakt i di	
NAME STREET ADDRESS						
CITY-ST-ZIP		,	1			
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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: 4

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/23/01/ 954-558-041 3