

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90034 036 \*\*\*\*\*70.00

**DOCUMENT # N00000001597**

1. Entity Name  
USS HOGA YT-146 ASSOCIATION, INC.



Principal Place of Business  
2607 S. PARKVIEW DR  
HALLANDALE, FL 33009

Mailing Address  
2607 S. PARKVIEW DR  
HALLANDALE, FL 33009

**DO NOT WRITE IN THIS SPACE**



02122006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0990265

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

HOWARD, MITCHELL  
3800 SO. OCEAN DR., STE. 219  
HOLLYWOOD, FL 33019

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SILVERSTRI, GINA L  
4470 RAVENWOOD ROAD  
FORT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SRVD  
CARSTEN, ED  
4470 RAVENWOOD ROAD  
FT. LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SILVESTRI, JAMES  
4470 RAVENWOOD ROAD  
FT. LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D2VP  
TERMINELLO, LOUIS  
4470 RAVENWOOD ROAD  
FT. LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Gina L. Silvestri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/06 954-558-0415*  
Date Daytime Phone #