

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005093

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** OLETA RIVER ADVENTURE ASSOCIATION, INC.

**Current Principal Place of Business:**

3400 N.E. 163RD STREET  
NORTH MIAMI, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3400 N.E. 163RD STREET  
NORTH MIAMI, FL 33160

**New Mailing Address:**

**FEI Number:** 65-0987371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZIR, MORDECHAY  
285 FERN DRIVE  
WESTON, FL 33326 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: T ( ) Delete  
Name: CHATFIELD, PATRICK  
Address: 6273 LAUDERDALE STREET  
City-St-Zip: JUPITER, FL 33458

Title: P ( ) Delete  
Name: KATZIR, MORDECHAY  
Address: 285 FERN DRIVE  
City-St-Zip: WESTON, FL 33326

Title: V ( ) Delete  
Name: VOSS, JOHN  
Address: 600 NE 36TH STREET #1401  
City-St-Zip: MIAMI, FL 33137

Title: S ( ) Delete  
Name: GREEN, JERRY  
Address: 1035 NE 114 STREET  
City-St-Zip: MIAMI, FL 33161

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATZIR MORDECHAY

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date