

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000340

1. Entity Name
CRUISERS OF SOUTH FLORIDA, INC



Principal Place of Business
2211 NE 15TH COURT
FORT LAUDERDALE, FL 33304

Mailing Address
2211 NE 15TH COURT
FORT LAUDERDALE, FL 33304



01152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
04-3596326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIDOMENICO, LEON
2211 NE 15TH COURT
FT LAUDERDALE, FL 33304

**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 reinstalling)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000074809
03/03/04-80033-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHWARTZ, STEPHEN
5000 CLEVELAND STREET
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DIDOMINICO, CAROL
2211 NE 15TH COURT
FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DIDOMENICO, LEON
2211 NE 15 CT.
FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROGERS, BOB
1161 NW 70 TER.
FORT LAUDERDALE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARNES, JAMES
8861 SW 49 CT.
COOPER CITY, FL 33328

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 exemption stated in Section 119.07(3)(l), 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

Leon Di Domenico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-04 954565-9255