

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2005 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

DO NOT WRITE IN THIS SPACE



02252005 No Chg-NP CR2E037 (10/03)

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

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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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHWARTZ, STEPHEN
STREET ADDRESS	5000 CLEVELAND STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S
NAME	DIDOMINICO, CAROL
STREET ADDRESS	2211 NE 15TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	TD
NAME	DIDOMENICO, LEON
STREET ADDRESS	2211 NE 15 CT.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	ROGERS, BOB
STREET ADDRESS	1161 NW 70 TER.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313
TITLE	D
NAME	BARNES, JAMES
STREET ADDRESS	8861 SW 49 CT.
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000248697
03/02/05-80037-022 61.25

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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: *Leon Didomenico* *Leon Didomenico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-05 954-565-9255

Date

Daytime Phone #