


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001096	
1. Entity Name THE UNIVERSITY OF VIRGINIA SOUTH FLORIDA CLUB, INC.	

Principal Place of Business 1070 NORTHEAST 96TH STREET MIAMI SHORES, FL 33138	Mailing Address 1070 NORTHEAST 96TH STREET MIAMI SHORES, FL 33138
---	---

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CRZE037 (11/05)

4. FEI Number 33-0993765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAXWELL, MICHAEL J 1070 NORTHEAST 96TH STREET MIAMI SHORES, FL 33138
--

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000472503 03/29/06-80039-009 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, ERIC THREE ISLAND BLVD., #811 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAXWELL, MICHAEL J 1070 NORTHEAST 96TH STREET MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLESNICK, DONALD D II 827 NORTH GREENWAY CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 my address, with all other like empowered.

SIGNATURE:  **Michael J. Maxwell** **3/15/2006** **305/759-9410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director Phone #