

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009487

FILED
Apr 30, 2008
Secretary of State

Entity Name: CLUB MUD OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

3081 EAST COMMERCIAL BOULEVARD
SUITE 200 A
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3081 EAST COMMERCIAL BOULEVARD
SUITE 200 A
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 04-3734924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, GRAFTON N
3081 EAST COMMERCIAL BOULEVARD
SUITE 200 A
FORT LAUDERDALE, FL 33308 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: D () Delete
Name: CARLSON, GRAFTON N
Address: 3081 E. COMMERCIAL BLVD. SUITE 200A
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: ROBLEDO, ED
Address: 17508 SW 28TH CT.
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: SMYTHE, ROB
Address: 3312 CLEVELAND RD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: OSTWICK, PAUL
Address: 9500 W. BAY HARBOR DR. UNIT 6C
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D () Delete
Name: NEWBERRY, GEOFFREY
Address: 6503 MILITARY TRAIL #102
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GALVIS, CARLOS
Address: 3180 NW 94TH WAY
City-St-Zip: SUNRISE, FL 33351

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

Title: D (X) Change () Addition
Name: NIELSON, RALPH
Address: 9630 NW 24 COURT
City-St-Zip: SUNRISE, FL 33322

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: GRAF CARLSON

DIR

04/30/2008

Electronic Signature of Signing Officer or Director

Date