## **2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

FILED	
Jun 28, 2004 8:00 am	1
Secretary of State	

1. Entity Nam	MENT # N0300000583					06-28-20	004 90008	005 ***	*61.25
Principal Place of Business 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467  Mailing Address 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467		CLUB BLVD.					5405	8941	
	e e								
2. Principal P	lace of Business 3.	. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.			_	06102004	Chg-NP	CR2E0	37 (10/03)		
City & State City & State				4. FEI Number 20-0108			<del></del>	pplied For ot Applicable	
Zip		-Zip	Country		5, Certificate c	of Status Desired	استوال است	\$8.75 Ad	ditional
3.5	6. Name and Address of Current Reg	istered Agent		*****	7. Name and	Address of New		Fee Require	30
CERCON			Name	-					
	GARY N MBEACH/LAKES BLVD., SUITE 1 LMBEACH, FL 33401	200	Street A	ddress (F	P.O. Box Number	r is Not Acceptal	ble)		
	,		City					Zip Cod	10
	named entity submits this statement for the						FL	-   `	
the obligati	ions of registered agent.	parpara an annang G na G	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	109.4	ou ago. m c	i in the other Co.	Tionaa. Ta	Ideithiai vess.,	, and accopt
SIGNATURE .	Signature, typed or printed name of registered agent and tril	e if applicable. (NOTE: Re	gistered Agent signatu	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent and title  Filling Fee is \$61.25  ue by September 8, 2004	9. Election Campa Trust Fund Cont	aign Financing	_	\$5.00 May Be Added to Fees		DATE Make checl		
	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIRECT	9. Election Campa Trust Fund Cont	aign Financing		\$5.00 May Be	FI	Make checl orida Depar	tment of S	tate
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DI 10. TITLE NAME	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND DIRECT D NAGLER, LEE	9. Election Campa Trust Fund Cont ORS	aign Financing tribution.  11. TITLE NAME	D Pair	\$5.00 May Be Added to Fees ODITIONS/CHA	NGES TO OFFICE	Make check orida Depar CERS AND DI	RECTORS IN	N 10
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12. I hereby certify that the information supplied with this filling 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 be 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: 上

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

6/11/04

Date

561-642-3304

Daytime Phone #