


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000002761</b>	
1. Entity Name <b>ST. GEORGE'S COLLEGE OLD BOYS ASSOCIATION OF FLORIDA, INC.</b>	

Principal Place of Business <b>1760 BELL TOWER LANE WESTON, FL 33326</b>	Mailing Address <b>5365 STIRLING ROAD SUITE B DAVIE, FL 33314</b>
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03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>80-0101295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HILL, MARLON A ESQ  
200 S BICAYNE BLVD  
SUITE 2680  
MIAMI, FL 33131**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000475311 04/05/06-80010-014 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT EVANS, WAYNE 3020 DOLPHIN DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BARNETT, DENNIS 954 MOCKINGBIRD LANE UNIT 520 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP CHUNG, DENIS 15304 SW 141 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HOLBROOKE, ANTHONY 3400 EAST POINT DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an address, with all other like empowered.

**SIGNATURE:**  **A. HOLBROOKE - TREASURER 3/15/06 954-646-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #