

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 002 ****61.25

DOCUMENT # N04000010393					
1. Entity Name FLORIDA ATHLETIC CLUB, INC.					
Principal Place of Business 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445-5607			Mailing Address 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445-5607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2685092	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINE, ROBERT G 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445-5607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FINE, ROBERT G <input type="checkbox"/> Delete 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 334455607				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DENOON, DON <input type="checkbox"/> Delete 1507 SUNDOWN LANE CLERMONT, FL 34711				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRICARD, LOUISE <input type="checkbox"/> Delete 8496 RIDGEWOOD AVE. CAPE CANAVERAL, FL 32920				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAYER, PETER <input type="checkbox"/> Delete 16910 BAT ST. #404 JUPITER, FL 33477				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KURZ, SIGMUND <input checked="" type="checkbox"/> Delete 86 MONACO B DELRAY BEACH, FL 33446				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAUFFMAN, JEROME <input checked="" type="checkbox"/> Delete 7360 STERLING FALLS LANE BOYNTON BEACH, FL 33437				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Robert G Fine</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>7/10/08</u>					
Daytime Phone #: <u>561-4993370</u>					

ATTACHMENT

40110499
104 000010393

A note from ...

Mr. Robert Fine

I feel like an idiot,
as I may have
already sent in
the form & check.
If so, please
return the check
with due apologies
Robert Fine

