From:

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FILED
Jun 16, 2008 8:00 am
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/1/20(

05-01-2008 90233 013 ****61.25

DOCUMENT # N07000010586

1. Entity Name
FORT LAUDERDALE LACROSSE CLUB, INC.

Principal Place of Business	Mailing Address
4801 JOHNSON ROAD SUITE 5 COCONUT CREEK, FL 33073	4801 JOHNSON ROAD SUITE 5 COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 22-3971135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCARBERRY, JASON L 2455 E. SUNRISE BLVD. SUITE 1216 FORT LAUDERDALE, FL 33304	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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAGNON, BRIAN J 4801 JOHNSON RD, SUITE 5 COCONUT CREEK, FL 33073 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARBA, RICHARD 440 LAKEVIEW WESTON, FL 33326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEBOWITZ, PAT 270 LAYNE BLVD., #205 HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAMON, BO 4801 JOHNSON RD, SUITE 5 COCONUT CREEK, FL 33073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCARBERRY, JASON 2455 E. SUNRISE BLVD., SUITE 1216 FT. LAUDERDALE, FL 33304 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ Jason Scarberry 4/29/08 (954) 462-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #