

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90183 001 ****61.25

14000050



02152005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2689569** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, JAY STEVEN
2500 N. MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **SD** ☐ Delete
NAME **MILLER, LEONARD**
STREET ADDRESS **3700 CLUBHOUSE LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **PD** ☐ Delete
NAME **COLTON, ERWIN**
STREET ADDRESS **3700 CLUBHOUSE LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **TD** ☐ Delete
NAME **GOLD, SIDNEY**
STREET ADDRESS **3700 CLUBHOUSE LANE**
CITY-ST-ZIP **BOYNTON BCH., FL 33436**

TITLE **VD** ☐ Delete
NAME **BLOOM, JERROLD**
STREET ADDRESS **3700 CLUBHOUSE LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE **D** ☒ Delete
NAME **FALKIN, ARTHUR**
STREET ADDRESS **3700 CLUBHOUSE LN**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **SOLOMON, ELLIOT**
STREET ADDRESS **3700 CLUBHOUSE LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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: Erwin Colton Erwin Colton 4-22-05 561-734-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #