


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90045 036 \*\*\*\*61.25

<b>DOCUMENT # N18903</b>					
<b>1. Entity Name</b> NEW NEIGHBORS CLUB OF SOUTH DADE, INC.					
<b>Principal Place of Business</b> 9320 SW 78 ST. MIAMI, FL 33173 US			<b>Mailing Address</b> 9225 SW 142 ST MIAMI, FL 33176 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 8845 Schoolhouse Road			<b>3. Mailing Address</b> 8845 SCHOOLHOUSE ROAD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> Coral Gables FL		<b>City &amp; State</b> CORAL GABLES		<b>4. FEI Number</b> 59-2206019	
<b>Zip</b> 33156		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KANET, JOAN 9225 SW 142 ST MIAMI, FL 33176			<b>7. Name and Address of New Registered Agent</b> Name: SUZUYO FOX Street Address (P.O. Box Number is Not Acceptable): 8845 SCHOOL HOUSE ROAD City: CORAL GABLES FL Zip Code: 33156		
<b>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.</b>					
SIGNATURE: <u>Suzuyo Fox</u> - SUZUYO FOX PRESIDENT - APRIL 7, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> WALBY, LILLIAN <b>STREET ADDRESS</b> 7550 SW 173RD ST <b>CITY-ST-ZIP</b> MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> SUZUYO FOX <b>STREET ADDRESS</b> 8845 SCHOOL HOUSE ROAD <b>CITY-ST-ZIP</b> CORAL GABLES FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPT <b>NAME</b> SACHER, MARGARATE <b>STREET ADDRESS</b> 2035 SW 62 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPT <b>NAME</b> MILDRED MEYERSON <b>STREET ADDRESS</b> 2600 SE 12 PLACE #101 <b>CITY-ST-ZIP</b> HOMESTEAD FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> PODRAZA, ELOISE <b>STREET ADDRESS</b> 13621 SW 105TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ST <b>NAME</b> PATRICIA SAUVE <b>STREET ADDRESS</b> 7814 SW 146 CT <b>CITY-ST-ZIP</b> MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BERSON, BETTY <b>STREET ADDRESS</b> 8941 SW 150TH CT CIR EAST <b>CITY-ST-ZIP</b> MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> PHYLLIS WEBBER <b>STREET ADDRESS</b> 7421 SW 174 ST <b>CITY-ST-ZIP</b> PALMETTO BAY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Suzuyo Fox</u> APRIL 7 2008 - 305-740-5159 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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ATTACHMENT

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2. Principal Place of Business - No P.O. Box # <b>8845 Schoolhouse Road</b>		3. Mailing Address <b>8845 SCHOOLHOUSE ROAD</b>		<div style="font-size: 2em; font-family: cursive;">40065389</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Coral Gables FL</b>		City & State <b>CORAL GABLES</b>			
Zip <b>33156</b>		Zip <b>33156</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-2206019</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KANET, JOAN 9225 SW 142 ST MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name <b>SUZUYO FOX</b> Street Address (P.O. Box Number is Not Acceptable) <b>8845 SCHOOL HOUSE ROAD</b> City <b>CORAL GABLES FL</b> Zip Code <b>33156</b>		
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SIGNATURE <u><i>Suzuyo Fox</i></u> <u><i>Suzuyo Fox President April 7, 2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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SIGNATURE: <u><i>Suzuyo Fox</i></u> <u><i>April 7, 2008</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					