

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20329

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: PLAYERS PLACE SEVEN, INC.

**Current Principal Place of Business:**

953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 59-2809107      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROBERT KAYE & ASSOCIATES PA  
6261 N.W. 6TH WAY  
SUITE 103  
FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CRANE, MARGARITA  
Address: 7141 SPORTSMANS DRIVE  
City-St-Zip: N. LAUDERDALE, FL 33068

Title: TD ( ) Delete  
Name: GAGE, MARY  
Address: 7107 SPORTSMAN DRIVE  
City-St-Zip: N. LAUDERDALE, FL 33068

Title: DV ( ) Delete  
Name: CRANE, TIMOTHY  
Address: 7141 SPORTSMAN DRIVE  
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D ( ) Delete  
Name: MOSCARITOLO, CHARLENE  
Address: 7152 SPORTSMAN DR  
City-St-Zip: N LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRANE, MARGARITA

PD

07/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date