

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N26160

Entity Name: THE SCOTT LAKE ATHLETIC CLUB, INC.

**Current Principal Place of Business:**

17710 N.W. 15TH COURT  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

2951 N.W. 187TH STREET  
MIAMI, FL 33056 US

**New Mailing Address:**

FEI Number: 65-0122677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WEEMS, SHERONDA  
7808 ORLEANS STREET  
MIRAMAR, FL 33023 US

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

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: MAULTSBY, MARTIN  
Address: 2230 NW 190TH TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: S ( ) Delete  
Name: HORNE, CLEOLA  
Address: 2981 N.W. 187TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: VD ( ) Delete  
Name: POWELL, NATELEGE  
Address: 2000 N.W. 187TH TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: TD ( ) Delete  
Name: WEEMS, SHERONDA  
Address: 7808 ORLEANS STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: JOHNSON, LARRY  
Address: 3420 JAVA PLUM AVENUE  
City-St-Zip: MIRAMAR, FL 33025

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERONDA WEEMS

TD

04/29/2004

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

\_\_\_\_\_  
Date