

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26160

**FILED**  
**May 20, 2010**  
**Secretary of State**

**Entity Name:** THE SCOTT LAKE ATHLETIC CLUB, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

4775 NW 169TH STREET  
MIAMI GARDENS, FL 33055 US

**New Mailing Address:**

**FEI Number:** 65-0122677      **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:**

TIM, TURNER  
3330 NW 208TH STREET  
MIAMI GARDENS, FL 33056 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:** VD  
**Name:** TIM, TURNER  
**Address:** 3330 NW 208TH STREET  
**City-St-Zip:** MIAMI GARDENS, FL 33056

**Title:** S  
**Name:** HICKS, AUDREY  
**Address:** 17721 NW 14TH PLACE  
**City-St-Zip:** MIAMI, FL 33169

**Title:** PD  
**Name:** MAULTSBY, MARTIN  
**Address:** 4775 NW 169 STREET  
**City-St-Zip:** MIAMI, FL 33055

**Title:** T  
**Name:** PIERREPAUL, SANDRA  
**Address:** 18330 NW 10TH COURT  
**City-St-Zip:** MIAMI, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: TIM TURNER

VD

05/20/2010

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

\_\_\_\_\_  
Date