

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000082

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** GOLD COAST THERAPEUTIC RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

13734 SW 39 ST.  
DAVIE, FL 33330 US

**New Principal Place of Business:**

3020 SW 3 STREET  
FORT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

13734 SW 39 ST.  
DAVIE, FL 33330 US

**New Mailing Address:**

3020 SW 3 STREET  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 65-0241887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLANCO, ARIADNE  
709 SW 14 AVE.  
#2  
FORT LAUDERDALE, FL 33312 US

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

POLANCO, ARIADNE  
3020 SW 3 STREET  
FORT LAUDERDALE, FL 33312 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:

04/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P (X) Delete  
Name: BLANK, LYN  
Address: 13734 SW 39 ST.  
City-St-Zip: DAVIE, FL 33330

Title: V ( ) Delete  
Name: POLANCO, ARIADNE  
Address: 709 SW 14 AVE. #2  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S ( ) Delete  
Name: MARTIN, LISA  
Address: 9357 FONTAINEBLEAU  
City-St-Zip: MIAMI, FL 33172

Title: T ( ) Delete  
Name: DIEHL, TABITHA  
Address: 21694 SW 98 PL  
City-St-Zip: MIAMI, FL 33190

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

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

Title: P (X) Change ( ) Addition  
Name: POLANCO, ARIADNE  
Address: 3020 SW 3 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S (X) Change ( ) Addition  
Name: MARTIN, LISA  
Address: 14809 SW 140 PLACE  
City-St-Zip: MIAMI, FL 33186

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: TABITHA DIEHL

T

04/20/2005

Electronic Signature of Signing Officer or Director

Date