

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90024 012 \*\*\*\*61.25

**DOCUMENT # N93000001509**

**1. Entity Name**  
**THE OUTBACK PLAT ASSOCIATION, INC.**



**Principal Place of Business**  
**8751 W BROWARD BLVD #305**  
**PLANTATION, FL 33324**

**Mailing Address**  
**8751 W BROWARD BLVD #305**  
**PLANTATION, FL 33324**

**2. Principal Place of Business**  
**12261 N.W. 5th St.**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**12261 N.W. 5th St**  
Suite, Apt. #, etc.



03072006 Chg-NP CR2E037 (11/05)

**City & State**  
**Plantation FL**  
**Zip**  
**33325**  
**Country**  
**Broward**

**City & State**  
**Plantation FL**  
**Zip**  
**33325**  
**Country**  
**Broward**

**4. FEI Number**  
**65-0442954**  
**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LIDA, CARL H**  
**8751 W BROWARD BLVD #305**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

**Name**  
**Mitchell Lieberman**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**12261 N.W. 5th St**  
**City**  
**Plantation FL**  
**Zip Code**  
**33325**

**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.**

**SIGNATURE** *Mitchell Lieberman*

**3-9-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LIDA, CARL H	12260 NW 7 STR	PLANTATION, FL	<input checked="" type="checkbox"/>
P	KREISLER, CURT	12391 NW 7TH STREET	PLANTATION, FL 33325	<input checked="" type="checkbox"/>
T	LIEBERMAN, MITCHELL	12261 NW 7TH STREET	PLANTATION, FL 33325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Jay Churba	12161 NW 7 ST	Plantation, FL 33325	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Jim Morris	12361 NW 7 ST	Plantation, FL 33325	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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.**

**SIGNATURE:** *Jay Churba*

**3/7/06**

**954 577 4263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #