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Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003459 (4)

1. Corporation Name

MOSAIC OUTDOOR CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 15781
PLANTATION FL 33318

POST OFFICE BOX 15781
PLANTATION FL 33318-5781



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRONSKY, RICK
262 SOUTH COCONUT LANE
MIAMI FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DRONSKY, RICK
STREET ADDRESS 262 SOUTH COCONUT LANE
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ DELETE

1.1 TITLE PD
1.2 NAME Lake Shugerman
1.3 STREET ADDRESS 7104 SW 113 St
1.4 CITY-ST-ZIP Miami FL 33173 ☒ Change ☐ Addition

TITLE VPD
NAME ROSE, SPENCER
STREET ADDRESS 3 ISLAND AVENUE #11-F
CITY-ST-ZIP MIAMI BEACH FL ☒ DELETE

2.1 TITLE VPD
2.2 NAME Frank Levy
2.3 STREET ADDRESS 1407 Moffett St
2.4 CITY-ST-ZIP Hollywood FL 33020 ☒ Change ☐ Addition

TITLE SD
NAME PETROFF, ROB
STREET ADDRESS 8035 SW 107 AVENUE #115
CITY-ST-ZIP MIAMI FL ☒ DELETE

3.1 TITLE SD
3.2 NAME Ginny Wolnowicz
3.3 STREET ADDRESS 780 NE 69 St #2102
3.4 CITY-ST-ZIP Miami FL 33138 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13. If changed, or on an attachment with an address.

bank dep \$61.25
2/6/97 805-173-3616

CR2E037 (9/96)