

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	07/11/1994
4. FEI Number	65-0441690
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
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 retreating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SHUGERMAN, LANCE	1.2 NAME	Rona Wolfson
STREET ADDRESS	7104 SW 113 COURT	1.3 STREET ADDRESS	1001 S. Hillcrest Ct Apt
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	Hollywood Florida 33021
TITLE	VPD	2.1 TITLE	VPD Marc Wernick
NAME	LEVY, FRANK	2.2 NAME	5851 Holmberg Rd
STREET ADDRESS	1407 MOFFETT ST	2.3 STREET ADDRESS	Apt 1013
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Parkland, FL 33067
TITLE	SD	3.1 TITLE	Secretary Director
NAME	WOLNOWICZ, GINNY	3.2 NAME	Wanda Rosen
STREET ADDRESS	780 N.E. 69 ST. #2102	3.3 STREET ADDRESS	1 NE 1st Street #700
CITY-ST-ZIP	MIAMI FL 33138	3.4 CITY-ST-ZIP	Miami, FL 33132
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Dronsky

2/21/98 305-
673-3688

CR2E037 (10/97)