

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 03, 1999 8:00 am  
Secretary of State

08-03-1999 90008 050 \*\*\*\*61.25

DOCUMENT # N94000003459

1. Corporation Name

MOSAIC OUTDOOR CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

POST OFFICE BOX 15781  
PLANTATION FL 33318

Mailing Address

POST OFFICE BOX 15781  
PLANTATION FL 33318

600227-90008-50



2. Principal Place of Business

21 PO Box 810362

2a. Mailing Address

26 PO Box 810362

3. Date Incorporated or Qualified

07/11/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0441690

Applied For

Not Applicable

City & State

23 Boca Raton FL

City & State

28 Boca Raton FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

24 33481-0362

Country

Zip

29 33481-0362

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DRONSKY, RICK  
262 SOUTH COCONUT LANE  
MIAMI FL 33139

10. Name and Address of New Registered Agent

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

Rick DRONSKY, ACTIVITIES DIR. R. Dronsky

7/14/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WOLFSON, RONA  
STREET ADDRESS 1001 S HILLCREST CT  
CITY-ST-ZIP HOLLYWOOD FL 33021

DELETE

TITLE VPD  
NAME WEINICK, MARC  
STREET ADDRESS 5851 HOLMBERY RD, APT. 1013  
CITY-ST-ZIP PARKLAND FL 33067

DELETE

TITLE SD  
NAME ROSEN, WENDI  
STREET ADDRESS 1 NELST STREET, #700  
CITY-ST-ZIP MIAMI FL 33132

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Roberta Freedman  
1.2 NAME  
1.3 STREET ADDRESS 6032 NW 73 RD.  
1.4 CITY-ST-ZIP PARKLAND, FL 33067

Change Addition

2.1 TITLE VPD  
2.2 NAME GEORGE VOLPE  
2.3 STREET ADDRESS 20230 NW 3RD ST  
2.4 CITY-ST-ZIP MIAMI, FL 33179

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/99

Date

581-852-8503

Daytime Phone #

CR2E037 (5/99)