

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003459

FILED
Apr 21, 2004
Secretary of State**Entity Name:** MOSAIC OUTDOOR CLUB OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**P.O. BOX 810362
BOCA RATON, FL 334810362**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 810362
BOCA RATON, FL 334810362**New Mailing Address:****FEI Number:** 65-0441690**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DRONSKY, RICK
262 SOUTH COCONUT LANE
MIAMI, FL 33139 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORMAN, DOUG
Address: 3680 INVERRORY DR APT 20
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: SD () Delete
Name: BLUM, ROBERT
Address: 5881 TOWN BAY DR. APT 9-35
City-St-Zip: BOCA RATON, FL 33486

Title: T () Delete
Name: SERUR, HAROLD
Address: 2 SIMONTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLUM, ROBERT
Address: 5881 TOWN BAY DR. APT 9-35
City-St-Zip: BOCA RATON, FL 3348

Title: SD (X) Change () Addition
Name: SHATKIN, ILENE
Address: 10570 BUENOS AIRES STREET
City-St-Zip: COOPER CITY, FL 33026

Title: T (X) Change () Addition
Name: THOMPSON, ALYSE
Address: 1080 NW 85TH
City-St-Zip: PLANTATION, FL 33322

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: ILENE SHATKIN

SD

04/21/2004

Electronic Signature of Signing Officer or Director

Date