

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003459

FILED
Jan 22, 2005
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: BLUM, ROBERT
Address: 5881 TOWN BAY DR. APT 9-35
City-St-Zip: BOCA RATON, FL 3348

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLASSMAN, LAURA
Address: 651 NW 89TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: SD (X) Change () Addition
Name: JAFFE, ROBERT A
Address: 7453 CHABLIS COURT
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT A. JAFFE

SD

01/22/2005

Electronic Signature of Signing Officer or Director

Date