## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001504

FILED Apr 05, 2006 Secretary of State

Entity Name: EXECUTIVE WOMEN'S GOLF ASSOCIATION OF MIAMI, INC.

Current Principal Place of Business: New Principal Place of Business:

 10945 S.W. 139TH COURT
 2988 VIRGINIA ST

 MIAMI, FL 33186
 MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

P.O. BOX 310548 MIAMI, FL 33231 US

FEI Number: 65-0569321 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 WEST, JENNIFER A
 KOENIG, KERSTIN

 10945 S.W. 139TH COURT
 2988 VIRGINIA ST

 MIAMI, FL 33186
 US

 MIAMI, FL 33133
 US

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: KERSTIN KOENIG 04/05/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CUMMINGS, CASEY Name: SHERMAN, TRACY

 Address:
 PO BOX 310548
 Address:
 PO BOX 310548

 City-St-Zip:
 MIAMI, FL 33231
 City-St-Zip:
 MIAMI, FL 33231

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: SUBJECT, SANDRA Name: BEIRO, OFELIA

Address: 2829 INDIAN CREEK DR. #1209 Address: 2100 CORAL WAY STE 304

City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI, FL 33145

Title: () Delete Title: (X) Change ( ) Addition PANTALEON, MAGDA CAVANVAUGH, CHARLENE Name: Name: 240 GALEN DR APT 105 Address: Address: 6423 COLLINS AVE APT 1403 City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: MIAMI BEACH FL. FL 33141

Title: TD () Delete Title: () Change () Addition
Name: KOENIG. KERSTIN Name:

 KOENIG, KERSTIN
 Name:

 1101 BRICKELL AVE STE G-2
 Address:

 MIAMI, FL 33131
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KERSTIN KOENIG TD 04/05/2006