


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

01-07-2005 90013 019 ****61.25

DOCUMENT # N95000002494			
1. Entity Name FLORIDA ATHLETICS, INC.			
Principal Place of Business 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445		Mailing Address 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0066597		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FINE, ROBERT G 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when exercising)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINE, ROBERT G 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEMAURO, DANIEL 5310 NORTHEAST 18TH TERR FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Don DeNoon 1507 Sundown Lane Clermont, FL 34711 <input type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOCH, DAN 331 N.W. 22 ST COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Louise Tricard 8496 Ridgewood Ave Cape Canaveral, FL 32920 <input type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter Bayer 16910 Bat St. #404 Jupiter, FL 33477 <input type="checkbox"/> Change <input type="checkbox"/> Addition BOARD MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sigmund Kurz 86 Monaco B Delray Beach, FL 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition BOARD MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerome Kauffan 7360 Sterling Falls Lane Boynton Beach, FL 33437 <input type="checkbox"/> Change <input type="checkbox"/> Addition BOARD MEMBER
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert G Fine</u>		Date: <u>1/4/05</u> Daytime Phone #: <u>561-499 3370</u>	

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