

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90015 001 ****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**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0066597

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FINE, ROBERT G
3250 LAKEVIEW BLVD.
DELRAY BEACH, FL 33445**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FINE, ROBERT G
STREET ADDRESS 3250 LAKEVIEW BLVD.
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE VP
NAME FINE, MICHAEL W
STREET ADDRESS 2134 CKIFTON WAY
CITY-ST-ZIP AVON, OH 44011

TITLE S
NAME RONNI, HERB
STREET ADDRESS 932 SPRINGWATER ST
CITY-ST-ZIP DANVILLE, CA 94506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert G. Fine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08 5614993370
Date Daytime Phone #