

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002563

FILED
Apr 25, 2005
Secretary of State

Entity Name: POP DEAN'S HUNT CLUB, INC.

Current Principal Place of Business:

6101 US HWY 27
SOUTHWEST RANCHES, FL 333321520 US

New Principal Place of Business:

Current Mailing Address:

6101 US HWY 27
SOUTHWEST RANCHES, FL 333321520 US

New Mailing Address:

FEI Number: 81-0643024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASS, SHARON I
6101 U.S. HWY 27
SOUTH WEST RANCHES, FL 333321520 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: DP () Delete
Name: GLASS, SHARON I
Address: 6101 U.S. HWY 27
City-St-Zip: SOUTH WEST RANCHES, FL 333321520

Title: D () Delete
Name: DUNBAR, DONALD
Address: 2349 S.W. TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: NIEWIADOMSKI, JACEK
Address: 10960 S.W. 11TH PLACE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GLASS, SHARON I
Address: 6101 U.S. HWY 27
City-St-Zip: SOUTH WEST RANCHES, FL 333321520

Title: DVSS (X) Change () Addition
Name: DUNBAR, DONALD
Address: 2349 S.W. TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DVP (X) Change () Addition
Name: NIEWIADOMSKI, JACEK
Address: 10960 S.W. 11TH PLACE
City-St-Zip: DAVIE, FL 33324

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: SHARON I GLASS

DPT

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date