

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003771

FILED  
May 02, 2007  
Secretary of State

Entity Name: PRIME TIME SENIORS, INC.

**Current Principal Place of Business:**

565 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

565 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 65-0690724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HERTZ, JACQUELINE S  
565 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HERTZ, JACQUELINE S  
Address: 565 NORTH SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D      ( ) Delete  
Name: MARTINEZ, BERNICE  
Address: 900 WEST AVENUE #201  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D      ( ) Delete  
Name: WAKS, DEBORAH  
Address: 7103 SW 102ND AVENUE, SUITE A  
City-St-Zip: MIAMI, FL 33173

Title: D      ( ) Delete  
Name: BRYN, KRISTINA  
Address: 9120 WEST BAY HARBOR DRIVE  
City-St-Zip: BAY HARBOR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: ADLER, TERRY  
Address: 480 NORTH PARKWAY  
City-St-Zip: GOLDEN BEACH, FL 33160

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE S HERTZ

PRES

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date