

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90289 004 ****61.25

DOCUMENT # N98000004298

1. Entity Name
WESTON SPORTS ALLIANCE, INC.



Principal Place of Business
**16900 SW 5TH ST
WESTON, FL 33326**

Mailing Address
**16900 SW 5TH ST
WESTON, FL 33326**

14011401



2. Principal Place of Business

**3111 UNIVERSITY DR
Suite, Apt. #, etc.
601**

3. Mailing Address

**3111 UNIVERSITY DR
Suite, Apt. #, etc.
601**

04152005 Chg-NP CR2E037 (10/03)

City & State

**Coral Springs FL
Zip 33065 Country USA**

City & State

**Coral Springs FL
Zip 33065 Country USA**

4. FEI Number
65-0852166

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDRESEN, SCOTT
16900 SW 5TH ST
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name **RICHARD SCHWARTZ**
Street Address (P.O. Box Number is Not Acceptable)
4183 SABAL RIDGE CIRCLE
City **WESTON** FL Zip Code **33331**

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ANDRESEN, SCOTT**
STREET ADDRESS **16900 SW 5TH ST**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **VD** ☒ Delete
NAME **DRUCKER, CRAIG**
STREET ADDRESS **1304 SW 160TH AVENUE #112**
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE **VD** ☒ Delete
NAME **FERRI, GERARD**
STREET ADDRESS **1026 CREEKFORD DRIVE**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RICHARD SCHWARTZ**
STREET ADDRESS **4183 SABAL RIDGE CIRCLE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BYRON ROSENZON**
STREET ADDRESS **1010 CONGRESSIONAL WAY**
CITY-ST-ZIP **D. BEACH FL 33442**

TITLE **PD** ☐ Change ☒ Addition
NAME **Tim Robbie**
STREET ADDRESS **3021 S.W. 116th Ave.**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05
Date

954-260-0570
Daytime Phone #