## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # N9900003105  1. Entity Name MARATHON ALUMNI ATHLETIC CLUB, INC.								()2	4-04-2005 \$	<del>9</del> 0076 0	15 ****6	1.25	
Principal Place 423 80TH ST MARATHON,	T, OCEAN	ng Address 80TH ST, OCEAN ATHON, FL 33050					,						
2. Principal P	lace of Busir	ness	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03082005 ÇI	ng-NP	CR2E0	37 (10/03)		
City & State			C	City & State				4. FEI Number 65-092387	8			Applied For Not Applicable	
Zip	Country		Zi	Zip		untry	5. Certificate of Status Des			sired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
WOODLAN 423 80TH MARATHO	ST, OCEA	٩N					Street Address (P.O. Box Number is Not Acceptable)						
						City		<del>~</del>		FL	Zip Coo	de	
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												<del></del>	
Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaig Trust Fund Contril						_		\$5.00 May Be Added to Fees			k payable t		
10.		OFFICERS AND D	RECTORS	3	11.			DDITIONS/CHANG	ES TO OFFICER	RS AND DI	RECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	423 80TH	AND, KEVIN C H STREET, OCEAN ION, FL 33050		☐ Delete			1	SIDENT			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 89TH	ICHAEL H H STREET, OCEAN ION, FL 33050		□ Delete		-	Vic	e Preside	ext		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5800 OVE	OURT, GRIMI ERSEAS HWY, #43 ION, FL 33050		☐ Delete	•						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	423 80TH	AND, ROBIN I STREET, OCEAN ION, FL 33050		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6179 OVE	, DEBORAH ERSÉAS HWY ION, FL 33050		Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11100 OV	r, BRUCE VERSEAS HIGHWAY ION, FL 33050		☐ Delete							☐ Change	☐ Addition	
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.												er or director	

3-31-05 Date

Daytime Phone #