

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003429

**FILED**  
**Mar 31, 2004**  
**Secretary of State****Entity Name:** SOUTH FLORIDA GUARDIANSHIP ASSOCIATION, INC.**Current Principal Place of Business:**% MARWIN S. CASSEL, P.A.  
201 SOUTH BISCAYNE BLVD., SUITE 3000  
MIAMI, FL 33131 US**New Principal Place of Business:**SOUTH FLORIDA GUARDIANSHIP ASSOCIATION  
8930 STATE ROAD 84, NO. 316  
DAVIE, FL 33324 US**Current Mailing Address:**% MARWIN S. CASSEL, P.A.  
201 SOUTH BISCAYNE BLVD., SUITE 3000  
MIAMI, FL 33131 US**New Mailing Address:**SOUTH FLORIDA GUARDIANSHIP ASSOCIATION  
8930 STATE ROAD 84, NO. 316  
DAVIE, FL 33324 US**FEI Number:** 65-1096154**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WOLONICK, LINDA M  
9662 RIDGECREST COURT  
DAVIE, FL 33328 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:** PD ( ) Delete  
**Name:** ZAMORA, ENRIQUE  
**Address:** 10 NW 42ND AVE., STE 600  
**City-St-Zip:** MIAMI, FL 33126**Title:** PPD ( ) Delete  
**Name:** ABEL-REISER, BARBARA  
**Address:** 1401 TUNIS STREET  
**City-St-Zip:** MIAMI BEACH, FL 33141**Title:** D ( ) Delete  
**Name:** SHUMAN-AUSPITZ, LORI  
**Address:** 1641 HAROBRSIDE DR.  
**City-St-Zip:** WESTON, FL 33326**Title:** TD ( ) Delete  
**Name:** TURNER, WENDY  
**Address:** 11701 S.W. 57 COURT  
**City-St-Zip:** CORAL GABLES, FL 33156**Title:** SD ( ) Delete  
**Name:** HERTZ, STEVEN  
**Address:** 565 N. SHORE DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33141**Title:** D ( ) Delete  
**Name:** COOPER, BONNIE L  
**Address:** 77 CRANIUM BLVD., # 8A  
**City-St-Zip:** KEY BISCAYNE, FL 33149**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PPD (X) Change ( ) Addition  
**Name:** ABEL-REISER, BARBARA  
**Address:** 1607 PONCE DE LEON BOULEVARD  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** HERTZ, STEPHEN G  
**Address:** 565 N. SHORE DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33141**Title:** D (X) Change ( ) Addition  
**Name:** COOPER, BONNIE L  
**Address:** 50 W. MASHTA DRIVE, SUITE 4  
**City-St-Zip:** KEY BISCAYNE, FL 33149

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: ENRIQUE ZAMORA

PRES

03/31/2004

Electronic Signature of Signing Officer or Director

Date