2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035969

Entity Name: CLUB 84 MANAGEMENT, INC.

FILED Feb 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2845 N.E. 9TH STREET, SUITE 1503 1000 STATE ROAD 84

FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33315

Current Mailing Address: New Mailing Address:

2845 N.E. 9TH STREET, SUITE 1503 1000 STATE ROAD 84

FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33315

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

MCCLURE, LINDA JOYCE TOUSSAINT, HANS 2845 N.E. 9TH STREET, SUITE 1503 7142 NW 67TH WAY

FORT LAUDERDALE, FL 33304 US PARKLAND, FL 33067 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: HANS TOUSSAINT 02/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOHNE, EDWARD J

Address: 2845 N.E. 9TH STREET, SUITE 1503
City-St-Zip: FORT LAUDERDALE, FL 33304

 Title:
 D
 (X) Delete

 Name:
 MCCLURE, LINDA JOYCE

 Address:
 2845 N.E. 9TH STREET, SUITE 1503

Address: 2845 N.E. 9TH STREET, SUITE 15
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition

Name: TOUSSAINT, HANS
Address: 7142 NW 67TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: () Change () Addition

Name: Address: City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANS TOUSSAINT PRES 02/15/2005