

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90375 008 ****61.25

DOCUMENT # 725683

1. Entity Name

MARGATE FLORIDA LODGE, INC. NO. 2463



Principal Place of Business

5451 NW 15TH ST
MARGATE FL 33063-3719

Mailing Address

5451 NW 15TH ST
MARGATE FL 33063-3719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1556118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLOCCA, GEORGE JR.
11510 W. SAMPLE RD. STE. 1
P.O. BOX 8523
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33063

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

Roy Fusani Roy Fusani, Exalted Ruler

DATE

4/27/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ER	<input checked="" type="checkbox"/> Delete
NAME	MIHARV, JERRY	
STREET ADDRESS	5451 NW 15TH ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OYLER, DANIEL	
STREET ADDRESS	9507 BURLINGTON PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, KEVIN	
STREET ADDRESS	9410 SW 8 STREET #12	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	TULCHIN, HOWARD	
STREET ADDRESS	5816 VIA DE LA PLATA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMO, VINCENT	
STREET ADDRESS	6897 NW 1 CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESPIRITU, CLIFFORD	
STREET ADDRESS	5984 NW 74 STREET	
CITY-ST-ZIP	PARKLAND FL 33067	

TITLE	Exalter Ruler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy Fusani	
STREET ADDRESS	5451 NW 15 Street	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Jerry Maher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7703 NW 18 Court	
STREET ADDRESS	Margate, FL 33063	
CITY-ST-ZIP		
TITLE	Peter Nepa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 S. Federal Hwy	
STREET ADDRESS	Pompano Beach, FL 33062	
CITY-ST-ZIP		
TITLE	Patricia Falls	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1587 NW 65 Avenue	
STREET ADDRESS	Margate, FL 33063	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Roy Fusani Roy Fusani

Date

4/27/04 954-971-9690

Daytime Phone #