

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90090 024 \*\*\*\*61.25



**DOCUMENT # 725683**  
1. Entity Name  
**MARGATE FLORIDA LODGE, INC. NO. 2463**

Principal Place of Business 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**

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**WITKOWSKI, ROSE**  
**6332 CORAL LAKE DR**  
**MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **Mark Weinrub**  
Street Address (P.O. Box Number is Not Acceptable)  
**1616 NW 36 Court**  
City **Oakland Park** FL Zip Code **33309**

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]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	ER	<input checked="" type="checkbox"/> Delete
NAME	WITKOWSKI, ROSE	
STREET ADDRESS	6332 CORAL LAKE DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAHER, JERRY	
STREET ADDRESS	7703 NW 18 CT.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MAUK, ALAN	
STREET ADDRESS	141 PONCE DE LEON STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMO, VINCENT	
STREET ADDRESS	<del>8897 NW 12th</del> 2042 NW 104 Avenue	
CITY-ST-ZIP	<del>MARGATE FL</del> Coral Springs, FL 33071	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ESPIRITU, CLIFFORD	
STREET ADDRESS	5984 NW 74 STREET	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Weinrub	
STREET ADDRESS	1616 NW 36cCourt	
CITY-ST-ZIP	Oakland Park, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Frame	
STREET ADDRESS	8402 NW 47 Street	
CITY-ST-ZIP	Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan Mc Lain	
STREET ADDRESS	5980 W. SAMPLE Rd. #204	
CITY-ST-ZIP	Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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]* 4/07/06 954-971-9698