

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

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90117 025 ****61.25

DOCUMENT # 747829

1. Entity Name

MARGATE ASSOCIATION OF CONDOMINIUMS, INC.



Principal Place of Business

**C/O RICHARD DWORKIN
7300 LAKE CIRCLE DR APT 207
MARGATE FL 33063**

Mailing Address

**7300 LAKE CIRCLE DR
207
MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2245835

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

**MOSKOWITZ, HYMAN
7805 NW 5TH ST, APT 101
MARGATE FL 33063**

Name

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

City

FL

Zip Code

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
PUMILIA, FRANK
STREET ADDRESS **3200 HOLIDAY SPRINGS BLVD # 101**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
LICHTENSTEIN, MORRIS
STREET ADDRESS **7605 NW 4TH PL**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
MOSKOWITZ, HY
STREET ADDRESS **551 NW 80TH TERR # 201**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
DWORKIN, RICHARD
STREET ADDRESS **7300 LAKE CIRCLE DR # 207**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
BRISKMAN, MAX
STREET ADDRESS **7640 NW 1ST ST**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DS**
BLANKEN, MORRIS
STREET ADDRESS **6114 CORAL LAKE DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME **DS**
JOSEPH SIEGAL
STREET ADDRESS **3011 HOLIDAY SPRINGS BLVD. #103**
CITY-ST-ZIP **MARGATE, FL. 33063**

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: **Richard Dworkin - RICHARD DWORKIN**

2/13/06

954-968-3548