

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

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90091 040 ****61.25



DOCUMENT # 758409
 1. Entity Name
BROWARD 10-13 CLUB, INC.

Principal Place of Business Mailing Address
1791 MEARS PKWY **1791 MEARS PKWY**
MARGATE FL 33063 **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 Applied For
59-2129658 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OREFICE, FRANK J
4071 NW 5TH ST
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE	V	<input type="checkbox"/> Delete
NAME	GALLAGHER, WILLIAM	
STREET ADDRESS	392 COCOPLUM CIR #H	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOLEY, FRANK	
STREET ADDRESS	4411 COCONUT CREEK BLVD	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, QUENTIN	
STREET ADDRESS	299 NW 84 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERKOWITZ, ALAN	
STREET ADDRESS	5313 NW 118TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OREFICE, FRANK	
STREET ADDRESS	4071 N.W. 5TH ST.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOSEPH	
STREET ADDRESS	2501 OCEAN DR #117	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS LYDTING	
STREET ADDRESS	1420 NW 70TH TERRACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN MOSES	
STREET ADDRESS	1988 NW 97TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33070	

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: *Frank J Orefice*

1/24/06