


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P01000075142 |  |
| 1. Entity Name TAMARAC BRIDGE CLUB, INC. | |

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|---|---|
| Principal Place of Business 7673 NW 57 STREET TAMARAC, FL 33321 | Mailing Address 7673 NW 57 STREET TAMARAC, FL 33321 |
|---|---|

DO NOT WRITE IN THIS SPACE



01082006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-1126455 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J
GREENSPOON, MARDER, HIRSFIELD, ET AL
100 W. CYPRESS CREEK RD., STE. 700
FORT LAUDERDALE, FL 33309

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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DELLON, DOLLY 7673 NW 57 STREET TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SEGALL, EDNA 7673 NW 57 STREET TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KLEIN, JOYCE 7673 NW 57 STREET TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LYNN, JUDITH 7673 NW 57 ST FORT LAUDERDALE, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/22/06-80041-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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: Joyce L. Klein Joyce L. Klein, Treasurer 4/4/06 954 722 1340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #