


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000075142


1. Entity Name
TAMARAC BRIDGE CLUB, INC.



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



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1126455	Applied For 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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IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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03/26/07-80030-025 150.00

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IN THIS SPACE**

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 S. Klein, Treas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/13/07* Daytime Phone #: *954 722 1340*