

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 24, 2008 08:00 A
Secretary of State**

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
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DO NOT WRITE IN THIS SPACE



01132008 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, 2008 Fee will be \$550.00**

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

U00000967881
04/08/08-80081-016 150.00

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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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 L. Klein Date: 3/22/08 Daytime Phone #: 954-722-1746