

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90116 024 ****61.25

DOCUMENT # N03000007571 1. Entity Name PINES WEST CAMERA CLUB, INC																																																																																																																																																	
Principal Place of Business MIAMI HERLD OFFICE BUILDING 2010 NW 150TH PEMBROKE PINES, FL 33026			Mailing Address 521 N 70TH WAY HOLLYWOOD, FL 33024																																																																																																																																														
2. Principal Place of Business		3. Mailing Address																																																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																															
City & State		City & State																																																																																																																																															
Zip	Country	Zip	Country	4. FEI Number 20-2466858 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																													
6. Name and Address of Current Registered Agent FREDERICH, JUDITH 13901 SW 22 PL DAVIE, FL 33325			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="text-align: right;"><small>DATE</small></div>																																																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																													
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OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">Delete <input checked="" type="checkbox"/></td> <td style="width: 55%;">NAME MORGANSTINE, MARC</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">2516 PRINCETON COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">WESTON, FL 33327</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>Delete <input type="checkbox"/></td> <td>NAME KLENETSKY, MICHAEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">9350 NW 18 DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">PLANTATION, FL 33322</td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td>Delete <input checked="" type="checkbox"/></td> <td>NAME RYAN, JACQUELYN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">201 SE 11 TERR #106</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">DANIA BEACH, FL 33004</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>Delete <input checked="" type="checkbox"/></td> <td>NAME BOJER, TED</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">5110 CLEVELAND ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">HOLLYWOOD, FL 33021</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>Delete <input checked="" type="checkbox"/></td> <td>NAME FREDERICH, JUDITH</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">13901 SW 22 PL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">DAVIE, FL 33325</td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table> </div> <div style="width: 45%;"> 11. 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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 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: <u>Judith Frederich</u> <u>Judith FREDERICH</u> <u>3-25-06</u> <u>954-475-4518</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>																																																																																																																																																	