2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 154814

1. Entity Name
THE LAUDERDALE MARINA, INC.

Principal Place of Business	Mailing Address
1900 S E 15TH STREET FT. LAUDERDALE, FL 33316	1900 S E 15TH STREET FT. LAUDERDALE, FL 33316

%-104-0666666F&

DO NOT WRITE IN THIS SPACE

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0592713
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, ROBERT
1300 SE 11TH CT
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VD
NAME	CLARK, SCOTT
STREET ADDRESS	812 S. RIO VISTA BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	CD
NAME	COX, ROBERT O
STREET ADDRESS	1300 SE 11TH COURT
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	TD
NAME	WIRGES, DEBBIE A.
STREET ADDRESS	4940 NE 22 AVE
CITY-ST-ZIP	LHP, FL
TITLE	PF
NAME	CLARK, JOHN
STREET ADDRESS	1515 PONCE DE LEON
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/16/06 954-523-8507
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #