


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 702940 1. Entity Name SUFFOLK HOUSE CLUB CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2771 N E 15TH ST FORT LAUDERDALE, FL 33304	Mailing Address 2771 N E 15TH ST FORT LAUDERDALE, FL 33304
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04012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1160479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CONNETT, CHARLES T
2771 NE 15TH ST
FT LAUDERDALE, FL 33304**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	TD PFEIFFER, DAVID 2771 NE 15TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLSON, ROBE 2771 NE 15TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONNETT, CHRIS 2771 NE 15TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEMARK, BARBARA 2771 NE 15TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

100000343259
04/29/05-80088-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID PFEIFFER 04-26-05 9543471959

Date

Daytime Phone #

TREASURER