

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702940

FILED
Apr 12, 2007
Secretary of State

Entity Name: SUFFOLK HOUSE CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2771 N E 15TH ST
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

2771 N E 15TH ST
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 59-1160479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, ROBERT W
2771 NE 15TH ST
4
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PFEIFFER, DAVID
Address: 2771 NE 15TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: PD () Delete
Name: CARLSON, ROBERT W
Address: 2771 NE 15TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: VD () Delete
Name: CONNETT, CHRIS
Address: 2771 NE 15TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: SD () Delete
Name: HALL, MARYANN
Address: 2771 NE 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. CARLSON

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date