

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # 702940

1. Entity Name
**SUFFOLK HOUSE CLUB CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**2771 N E 15TH ST
FORT LAUDERDALE, FL 33304**

Mailing Address
**2771 N E 15TH ST
FORT LAUDERDALE, FL 33304**



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1160479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARLSON, ROBERT W
2771 NE 15TH ST
4
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 renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	PFEIFFER, DAVID
STREET ADDRESS	2771 NE 15TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	PD
NAME	CARLSON, ROBERT W
STREET ADDRESS	2771 NE 15TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	CONNETT, CHRIS
STREET ADDRESS	2771 NE 15TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	SD
NAME	HALL, MARYANN
STREET ADDRESS	2771 NE 15TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/08-80053-004 61.25

**DO NOT WRITE
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Pfeiffer
DAVID PFEIFFER 3/11/08 95A 347 1959
AACTREASURER