



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 707215 1. Entity Name THE NORTH BROWARD SENIOR CITIZENS CLUB, INC.						FILED 06 JUN 26 AM 11:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2059 SW 17TH PLACE DEERFIELD BCH., FL 33442				Mailing Address 2059 SW 17TH PLACE DEERFIELD BCH., FL 33442			
2. Principal Place of Business		3. Mailing Address PO Box 55717					
Suite, Apt. #, etc. 1801 NE 6 ST.		Suite, Apt. #, etc.					
City & State POMPANO BEACH, FL		City & State LIGHTHOUSE POINT, FL					
Zip 33064		Country		Zip 33064		Country	
4. FEI Number 59-1086555				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MINENNA, MICHAEL 2059 SW 17TH PLACE DEERFIELD BCH., FL 33442				7. Name and Address of New Registered Agent Name CAROL A. RUHL Street Address (P.O. Box Number is Not Acceptable) 4965 SABAL PALM BLVD #210 City TAMARAC FL Zip Code 33319			
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 <i>Carol A. Ruhl</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 06/22/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINENNA, MICHAEL 2059 SW 17TH PLACE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEMARY ALBA 5856 GATE LAKE ROAD TAMARAC, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLESKY, EILEEN 1407 NE 28TH COURT POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMB, CATHERINE 770 SE 2ND AVE E107 DEERFIELD, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EUNICE WESTIN 1044 NEWPORT N DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZZUCA, LEONA 4304 NW 9TH AVE #8 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROL A. RUHL 4965 SABAL PALM BLVD. #210 TAMARAC, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROKAW, MARGARET 1365 S CYPRESS RD POMPANO BCH, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 136 S CYPRESS RD		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 06/28			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition 0000770852000 07/06/06--01044--025 **\$61.25		
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: <i>Carol A. Ruhl</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 6/22/06 DAYTIME PHONE # 954-970-1730			