

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90241 003 ****61.25

0026214

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725683

1. Corporation Name

MARGATE FLORIDA LODGE, INC. NO. 2463

Principal Place of Business

5451 NW 15TH ST
MARGATE FL 33063-3719

Mailing Address

5451 NW 15TH ST
MARGATE FL 33063-3719



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/28/1973

4. FEI Number

59-1556118

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SZOCINSKI, JERRY
6298 NW 15TH ST.
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name GEORGE ALLOCCA, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
11510 W. SAMPLE ROAD - Suite 1
83 P.O. Box 8323
84 City CORAL SPRINGS FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE George Allocca George Allocca

3/5/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ER ☐ DELETE

NAME ROSENTHAL, JIM
STREET ADDRESS 7805 NW 5TH CT
CITY-ST-ZIP MARGATE FL 33063

TITLE TD ☐ DELETE

NAME ROGGE, EARL
STREET ADDRESS 817 TAMARAL LN
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE TD ☐ DELETE

NAME TULCHIN, HOWARD
STREET ADDRESS 2780 NW 25TH ST 6432 VIA ROSA
CITY-ST-ZIP BOCA RATON FL 33334 33433

TITLE TR ☐ DELETE

NAME CAMPOLA, ANTHONY
STREET ADDRESS 5360 N.W. 29TH COURT
CITY-ST-ZIP MARGATE FL

TITLE S ☐ DELETE

NAME COMO, VINCENT
STREET ADDRESS 6897 NW 1 CT.
CITY-ST-ZIP MARGATE FL

TITLE TD ☐ DELETE

NAME PAPA, GENO
STREET ADDRESS 4181 CASVENTO CIR
CITY-ST-ZIP COCONUT CREEK FL 33066

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

Howard Tulchin 3/5/99 (954) 974-9690
Treasurer / Treasurer Elect
Daytime Phone #

CR2E037 (11/98)