

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90090 024 \*\*\*\*61.25

**DOCUMENT # 725683**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1556118**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITKOWSKI, ROSE  
6332 CORAL LAKE DR  
MARGATE FL 33063**

Name

**Mark Weinrub**

Street Address (P.O. Box Number is Not Acceptable)

**1616 NW 36 Court**

City

**Oakland Park**

**FL**

Zip Code  
**33309**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **ER** ☒ Delete  
NAME **WITKOWSKI, ROSE**  
STREET ADDRESS **6332 CORAL LAKE DR**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **ER** ☒ Change ☐ Addition  
NAME **Mark Weinrub**  
STREET ADDRESS **1616 NW 36cCourt**  
CITY-ST-ZIP **Oakland Park, FL 33309**

TITLE **TD** ☐ Delete  
NAME **MAHER, JERRY**  
STREET ADDRESS **7703 NW 18 CT.**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TD** ☐ Change ☐ Addition  
NAME **MAHER, JERRY**  
STREET ADDRESS **7703 NW 18 CT.**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TR** ☒ Delete  
NAME **MAUK, ALAN**  
STREET ADDRESS **141 PONCE DE LEON STREET**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TR** ☒ Change ☐ Addition  
NAME **Robert Frame**  
STREET ADDRESS **8402 NW 47 Street**  
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **S** ☐ Delete  
NAME **COMO, VINCENT**  
STREET ADDRESS **2042 NW 104 Avenue**  
CITY-ST-ZIP **MARGATE FL 33067**

TITLE **S** ☐ Change ☐ Addition  
NAME **COMO, VINCENT**  
STREET ADDRESS **2042 NW 104 Avenue**  
CITY-ST-ZIP **MARGATE FL 33067**

TITLE **TD** ☒ Delete  
NAME **ESPIRITU, CLIFFORD**  
STREET ADDRESS **5984 NW 74 STREET**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **TS** ☒ Change ☐ Addition  
NAME **Ryan Mc Lain**  
STREET ADDRESS **5980 W. SAMPLE Rd. #204**  
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/07/06 954-971-9690