


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90037 046 ****70.00

DOCUMENT # 725731 1. Entity Name ESTATES OF FT. LAUDERDALE COMMUNITY CLUB, INC.					
Principal Place of Business 2850 W. 54TH STREET DANIA BEACH, FL 33312 US			Mailing Address 5841 SW 29TH TERRACE FT. LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box # ESTATES OF FT. LAUD		3. Mailing Address 5841 SW 29TH TERRACE			
Suite, Apt. #, etc. Community Club		Suite, Apt. #, etc. 5490 SW 32ND TER			
City & State FT. LAUDERDALE		City & State FL.			
Zip 33312		Country US		01152007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE PAULA, CARMEN 2787 SW 54TH ST FT. LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name ANNIE FAIZONE Street Address (P.O. Box Number is Not Acceptable) 5490 SW 32ND TERRACE FT. LAUDERDALE City FL Zip Code 33312		
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 ANNIE FAIZONE <i>Annie Faizone</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE PAULA, CARMEN 2787 S 54TH ST FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALCZYNSKI, ANNITTE 2767 E. MARINA DRIVE FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD MARTINEK, CAROL A 5841 SW 29TH TERRACE FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIANCO, ROSE M 3080 LAKESHORE DR FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATRD DALCZYNSKI, ADOLPH 2767 E MARINA DR FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WM. SANTOS 2755 SW 54TH ST. FT. LAUDERDALE FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANNIE FAIZONE 5490 SW 32ND TER. FT LAUD FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHARLOTTE Sloboda 2905 LAKE SHORE DR FT LAUD. FL. 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DOTTIE Hofmeister 2905 SW 54TH ST. FT. LAUD FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATRD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOAN CUISLER 2911 SW 58TH ST. FT. LAUD FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Annie Faizone</i> ANNIE FAIZONE 1/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					