


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90078 021 ****61.25

| | | | | | |
|---|------------------------------|---|---|---|--|
| DOCUMENT # 730154 1. Entity Name COMMERCE CLUB, INC. OF FORT LAUDERDALE | | | |  | |
| Principal Place of Business 1314 E LAS OLAS BLVD 37 FORT LAUDERDALE, FL 33301 | | | Mailing Address 1314 E LAS OLAS BLVD 37 FORT LAUDERDALE, FL 33301 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1533308 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GONSALVES, JUNE 1314 E LAS OLAS BLVD 34 FORT LAUDERDALE, FL 33301 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | D | | TITLE | V | |
| NAME | MCKNOUGHT-SMITH, MICHAEL | | NAME | ROBIN ROBERTS | |
| STREET ADDRESS | 1803 EAST SAMPLE RD | | STREET ADDRESS | 1519 E. COMMERCIAL BLVD | |
| CITY-ST-ZIP | POMPAO BEACH, FL 33064 | | CITY-ST-ZIP | FT LAUDERDALE, FL 33334 | |
| TITLE | T | | TITLE | S | |
| NAME | PICARDI, STEPHEN | | NAME | | |
| STREET ADDRESS | 12717 W. SUNRISE BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33323 | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | | |
| NAME | OBRIEN, BOB | | NAME | | |
| STREET ADDRESS | 181 NE 32 ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 | | CITY-ST-ZIP | | |
| TITLE | V | | TITLE | P | |
| NAME | OMALLEY, RUSS | | NAME | | |
| STREET ADDRESS | 2760 EAST OAKLAND PARK BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33306 | | CITY-ST-ZIP | | |
| TITLE | P | | TITLE | D | |
| NAME | JONES, LAURIE | | NAME | | |
| STREET ADDRESS | 1701 EAST ATLANTIC BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPAO BEACH, FL 33060 | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | | |
| NAME | FULLER, STEVE | | NAME | | |
| STREET ADDRESS | 100 W CYPRESS CK RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL | | CITY-ST-ZIP | | |
| 12. 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 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>June Gonsalves</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4/10/05 954-693-4985 Date Daytime Phone # | | |