

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90197 017 ****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

Zip

Country

Zip

Country

04072006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1533308

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

**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

J. Gonsalves

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/06

**Filing 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROBERTS, ROBIN
1519 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Roberts, Robin
1519 E. Commercial
Ft. Lauderdale, FL 33334** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PICARDI, STEPHEN
12717 W. SUNRISE BLVD
FORT LAUDERDALE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Picardi, Stephen
12717 W. Sunrise Blvd.
Fort Lauderdale, FL 33323** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OBRIEN, BOB
181 NE 32 ST.
FORT LAUDERDALE, FL 33334** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Tim SHEA
3321 S. Andrews Ave
Fort Lauderdale, FL 33316** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OMALLEY, RUSS
2760 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, LAURIE
1701 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33060** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Bob Buzzetti
1574 E. Commercial
Ft. Lauderdale, FL 33334** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULLER, STEVE
100 W CYPRESS CK RD
FT LAUDERDALE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Susan Pennetti
1300 SE 17 ST.
Ft. Lauderdale, FL 33316** ☐ Change ☒ 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 affidavit with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06