

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 044 ****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**

40068231



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1533308

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONSALVES, JUNE
1314 E LAS OLAS BLVD
34
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **D** ☒ Delete
NAME **ROBERTS, ROBIN**
STREET ADDRESS **1519 E COMMERCIAL BLVD**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

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

TITLE **X P** ☐ Delete
NAME **SHEA, TIM**
STREET ADDRESS **3321 S ANDREWS AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **S V** ☐ Delete
NAME **REYNOLDS, ALAN**
STREET ADDRESS **211 NE 33 ST**
CITY-ST-ZIP **OAKLAND, FL 33334**

TITLE **D** ☒ Delete
NAME **GUDROY, JOE**
STREET ADDRESS **800 SW 21 TERR**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D** ☐ Delete
NAME **SANCHEZ, MIKE**
STREET ADDRESS **901 S. FEDERAL HWY**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Don Dermery**
STREET ADDRESS **202 SW 15 ST.**
CITY-ST-ZIP **FT Lauderdale, FL 33315**

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

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

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

TITLE **T** ☐ Change ☒ Addition
NAME **Sean Sonnie**
STREET ADDRESS **105993 Gable ST.**
CITY-ST-ZIP **Boca Raton, FL 33428**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 525 0537