# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 11, 2006**
**Secretary of State**

DOCUMENT# 732943

**Entity Name:** MARGATE ATHLETIC ASSOCIATION, INC

**Current Principal Place of Business:**

P. O. BOX 934705
MARGATE, FL 330934705 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 934705
MARGATE, FL 330934705 US

**New Mailing Address:**

**FEI Number: 59-2414299** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

DEXTER, JANE
480 SW 49 TERRACE
POMPANO BEACH, FL 33068 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | DEXTER, JANE, | |
| Address: | 480 SW 49 TERRACE | |
| City-St-Zip: | MARGATE, FL | |
| Title: | VPD | ( ) Delete |
| Name: | MAGLI, BARBARA, | |
| Address: | 840 SW 49 TERRACE | |
| City-St-Zip: | MARGATE, FL | |
| Title: | VPD | ( ) Delete |
| Name: | BECKY SADLER, | |
| Address: | 610 SW 55TH AVE. | |
| City-St-Zip: | MARGATE, FL | |
| Title: | TD | ( ) Delete |
| Name: | AFTERBACK, JIM | |
| Address: | 4955 NW 10 STREET | |
| City-St-Zip: | POMPANO BEACH, FL 33063 | |
| Title: | SD | ( ) Delete |
| Name: | JENKINS, ELLEN | |
| Address: | 6625 NW 1 COURT | |
| City-St-Zip: | MARGATE, FL | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | TD | (X) Change ( ) Addition |
| Name: | AFFLERBACK, JIM | |
| Address: | 4955 NW 10 STREET | |
| City-St-Zip: | COCONUT CREEK, FL 33063 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM AFFLERBACK TD 07/11/2006

Electronic Signature of Signing Officer or Director — Date