


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732943</b>	
1. Entity Name <b>MARGATE ATHLETIC ASSOCIATION, INC</b>	
	
Principal Place of Business <b>P. O. BOX 934705 MARGATE, FL 33093-4705 US</b>	Mailing Address <b>P. O. BOX 934705 MARGATE, FL 33093-4705 US</b>



04202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2414299</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEXTER, JANE 480 SW 49 TERRACE MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAGLI, BARBARA 840 SW 49 TERRACE MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECKY SADLER 610 SW 55TH AVE. MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AFFLERBACK, JIM 4955 NW 10 STREET COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, ELLEN 6625 NW 1 COURT MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000725119  
05/03/07-80009-016 61.25

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IN THIS SPACE**

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

**JIM AFFLERBACK**

Date

**04/20/07 (954) 765-0947**

Daytime Phone #