

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732943

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

P. O. BOX 934705  
MARGATE, FL 330934705 US

**New Principal Place of Business:**

C/O JANE DEXTER  
480 SW 49 TERRACE  
MARGATE, FL 33068 US

**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 ( )**

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

DEXTER, JANE  
480 SW 49 TERRACE  
MARGATE, 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  
Name: DEXTER, JANE  
Address: 480 SW 49 TERRACE  
City-St-Zip: MARGATE, FL 33068 US

Title: VPD  
Name: MAGLI, BARBARA  
Address: 840 SW 49 TERRACE  
City-St-Zip: MARGATE, FL 33068 US

Title: SD  
Name: WEAVER, DARLA  
Address: 10665 NW 6 STREET  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: TD  
Name: AFFLERBACK, JIM  
Address: 4955 NW 10 STREET  
City-St-Zip: COCONUT CREEK, FL 33063 US

I hereby 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 all other like empowered.

SIGNATURE: JIM AFFLERBACK

TD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date