

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # 736941

1. Entity Name
THE REGULAR DEMOCRATIC CLUB OF MARGATE, INC.



Principal Place of Business
**P O BOX 93-5027
MARGATE, FL 33063 US**

Mailing Address
**P O BOX 93-5027
MARGATE, FL 33063 US**



07282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2029484

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BROSS, ARTHUR
160 N W 69TH TERRACE
MARGATE, FL 33063**

**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 file if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

8/24/05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RAIDER, HY
STREET ADDRESS	7867 GOLF CIRCLE DR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	LOEWMTHAL, ERIKA
STREET ADDRESS	156 NW 80TH TERR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	WENBERG, IRVING
STREET ADDRESS	7610 NW 18TH STREET
CITY-ST-ZIP	MARGATE, FL
TITLE	P
NAME	PUMILIA, FRANK
STREET ADDRESS	3200 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE, FL 00000, 33063
TITLE	D
NAME	VARSALLONE, JOE
STREET ADDRESS	6272 NW 15TH CT.
CITY-ST-ZIP	MARGATE, FL
TITLE	S
NAME	FINKELSON, JERRI
STREET ADDRESS	3130 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE, FL 33063

U00000377251
08/29/05-80001-010 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 exemption stated in Section 119.07(3)(f), 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:

ARTHUR J. BROSS TREAS. - agent

Date

Daytime Phone #

8/24/05 (954) 974-289