

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90020 007 ****61.25

DOCUMENT # 736941

1. Entity Name

THE REGULAR DEMOCRATIC CLUB OF MARGATE, INC.



Principal Place of Business

Mailing Address

P O BOX 93-5027
MARGATE FL 33063
US

P O BOX 93-5027
MARGATE FL 33063
US

40032262



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	V	<input type="checkbox"/> Delete
NAME	RAIDER, HY	
STREET ADDRESS	7867 GOLF CIRCLE DR	
CITY- ST- ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOEWMTHAL, ERIKA	
STREET ADDRESS	156 NW 80TH TERR	
CITY- ST- ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	WENBERG, IRVING	
STREET ADDRESS	7010 NW 18TH STREET	
CITY- ST- ZIP	MARGATE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TALERICO, FRANK	
STREET ADDRESS	6710 NW 23 ST	
CITY- ST- ZIP	POMPANO BEACH FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARSALLONE, JOE	
STREET ADDRESS	6272 NW 15TH CT.	
CITY- ST- ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINKELSON, JERRI	
STREET ADDRESS	3130 HOLIDAY SPRINGS BLVD	
CITY- ST- ZIP	MARGATE FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pumilia, Frank	
STREET ADDRESS	3200 Holiday Springs Blvd.	
CITY- ST- ZIP	Margate, FL 33063	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Talerico, Frank	
STREET ADDRESS	6710 NW 23 Street	
CITY- ST- ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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.