


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 736989</b> 1. Entity Name <b>NORTHWEST BROWARD COLUMBIAN CLUB, INC.</b>	
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Principal Place of Business <b>P.O. BOX 590582 FORT LAUDERDALE, FL 33359 US</b>	Mailing Address <b>1700 N.W. 65 AVENUE MARGATE, FL 33063</b>
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**DO NOT WRITE IN THIS SPACE**



07242006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1758426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FROTEN, ROBERT W SR.  
2611 RIVERSIDE DRIVE, #4  
CORAL SPRINGS, FL 33065**

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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

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUBELLO, RUSSEL J 7630 MARGATE BLVD MARGATE, FL 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FALCO, JOIE 28221 CARAMBOLA CIRCLE S. COCONUT CREEK, FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BISHOP, KENNETH G 1736 HAMMOCKS BLVD COCONUT CREEK, FL 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FORD, WILLIAM J 1675 N.W. 66 TERRACE MARGATE, FL 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHWEITZER, FREDERICK 1700 N.W. 65 AVENUE MARGATE, FL 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONTINO, JOSEPH 2501 A5NTIGUA TERRACE, APT L2 COCONUT CREEK, FL 33066</b>

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IN THIS SPACE**

U00000572601  
07/28/06-80005-015 61.25

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:** Robert W. Froten **ROBERT W. FROTEN SR** **7-25-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #