

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758409

FILED
Jan 07, 2008
Secretary of State

Entity Name: BROWARD 10-13 CLUB, INC.

Current Principal Place of Business:

1791 MEARS PKWY
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1791 MEARS PKWY
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-2129658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OREFICE, FRANK J
4071 NW 5TH ST
COCONUT CREEK, FL 33066 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: P () Delete
Name: BERKOWITZ, ALAN
Address: 5313 NW 118 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V () Delete
Name: WEISER, LOUIS
Address: 7765 YARDLY DR #201
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: OSTROFSKY, WARREN
Address: 1782 NW 97 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: OREFICE, FRANK J
Address: 4071 NW 5 ST
City-St-Zip: COCONUT CREEK, FL 33066

Title: SATA () Delete
Name: PUGLISI, THOMAS
Address: 8101 NW 51 PL
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D () Delete
Name: FARRELL, WILLIAM E
Address: 435 NW 111 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK J. OREFICE

T

01/07/2008

Electronic Signature of Signing Officer or Director

Date