## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with-all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAIG OFFICER OR DIRECTOR

SIGNATURE:

## **Secretary of State DOCUMENT #769219** 03-03-2006 90099 030 \*\*\*\*61.25 BULLDOG CLUB OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 4324 SW 70 TERRACE 4324 SW 70 TERRACE DAVIE, FL 33314 US DAVIE, FL 33314 1, 3. Mailing Address 148 Roy Court Circle Suite, Apt. #, etc. 2. Principal Place of Business 4933 SW 134 AVE 01152006 Chg-NP CR2E037 (11/05) City & State Royal Falm Beach, FL Applied For 4. FEI Number 59-2354815 City & State MIRAMAR Not Applicable Palm Beach Country \$8.75 Additional 5. Certificate of Status Desired П BROWARD Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Roberta Rothman ISAKSON, NANCY (P.O. Box Number is Not Acceptable) 1514 S.W. 12 COURT FORT LAUDERDALE, FL 33312 city Royal Palm Beach 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. ROBERTA ROTHMAN Werta SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change TITLE □ Delete MLE HAWKES, DEBBIE RAWRES, DEBBIE NAME NAME 4933 SW 134 AVE STREET ADDRESS 4933 SW 134 AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIRAMAR, FL 33027 MIRAMAR FL 33027 ☐ Change X Addition TITLE Delete TITLE VPD BALLESTEROS MCKISSICK, JUDI NAME NAME STREET ADDRESS STREET ADDRESS 11631 NW 21 ST 33314 PEMBROKE PINES, FL 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IM F Channe Addition TITLE EDWARDS, JOANNE NAME NAME STREET ADDRESS STREET ADDRESS 17335 NW 67 PLACE CITY-ST-ZIP MIAMI LAKES, FL 33015 CITY-ST-7IP Delete MLE "Change ☐ Addition TILE ROTHMAN, ROBERTA ROTHMAN, ROBERTA NAME NAME 148 ROY COURT CIRCLE 4324 SW 70TH TERRACE STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-7IP CITY-ST-ZIP **DAVIE, FL 33314** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cath; 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

Roberta Rothman

FILED

Mar 03, 2006 8:00 am

2/20/06 561-214-0656