

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 015 ****61.25

DOCUMENT # 770193

1. Entity Name
**LAUDERDALE-BY-THE SEA CHAMBER OF COMMERCE,
INC.**



Principal Place of Business
**4201 OCEAN DR
LAUDERDALE-BY-THE SEA, FL 33308**

Mailing Address
**4201 OCEAN DR
LAUDERDALE-BY-THE SEA, FL 33308**

40111500



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0864301

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWAGGERTY, JUDY
4201 OCEAN DR
LAUDERDALE-BY-THE SEA, FL 33308**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
TERRIEN, BOB
4601 EL MAR DRIVE
LAUDERDALE BY THE SEA, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRANT, ULRICH
4437 W TRADEWINDS
LAUDERDALE BY THE SEA, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TS
DAVIS, BILL
4201 OCEAN
LAUDERDALE-BY-THE-SEA, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**XP P
NOKALK, PAUL
4424 E MAR DR
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GADSBY, DAVE
4404 EL MAR DR
LAUDERDALE BY THE SEA, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GEESEY, CINDY
4146 SEAGRADE DRIVE
LAUDERDALE-BY-THE-SEA, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/07

Daytime Phone #