

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 847994

1. Entity Name
DRIFTWOOD BEACH CLUB, INC.



Principal Place of Business
3015 N OCEAN BLVD.
SUITE 121
FT. LAUDERDALE, FL 33308

Mailing Address
3015 N OCEAN BLVD.
SUITE 121
FT. LAUDERDALE, FL 33308

FILED
06 MAY 11 PM 2:59
SECRET
TALLAHASSEE, FLORIDA



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1158081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, R A
3015 N OCEAN BLVD
STE 121
FT LAUD, 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
DPS
FOSTER, REBECCA A
3015 N OCEAN BLVD STE 121
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
LANDAU, MARC J
3015 N OCEAN BLVD STE 121
~~FT LAUD, FL 33308~~ FORT LAUDERDALE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900076202499
06/14/06--01036--004 **5495.00

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 607, 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

Rebecca A Foster 4/27/06 954-563-2444
Date Daytime Phone #