954.563.444

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #847994** 07 HAY 25 MIH: 50 DRIFTWOOD BEACH CLUB, INC. TALLA: ..... C. TLORIDA Principal Place of Business Mailing Address 3015 N OCEAN BLVD. 3015 N OCEAN BLVD. SUITE 121 **SUITE 121** FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-1158081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOSTER, RA DO NOT WRITE 3015 N OCEAN BLVD **STE 121** IN THIS SPACE FT LAUD, FL 33308 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE FOSTER, REBECCA A NAME STREET ADDRESS 3015 N OCEAN BLVD STE 121 600104253166 06/12/07--01006--001 \*\*6295.00 FORT LAUDERDALE, FL 33308 CITY-ST-ZIP DVT TITLE LANDAU MARC J NAME MM STREET ADDRESS 3015 N OCEAN BLVD STE 121 CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental resort 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 emerger 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_