

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90041 035 \*\*\*150.00

**DOCUMENT # K71109**

1. Entity Name

TOWNSHIP MEN'S CLUB, INC.



Principal Place of Business

4412 NW 20 ST  
COCONUT CREEK FL 33066  
US

Mailing Address

4412 NW 20 ST  
COCONUT CREEK FL 33066  
US



2. Principal Place of Business

3953 COCOPLUM CIR

Suite (Apt.) #, etc.

A

3. Mailing Address

3953 COCOPLUM CIR

Suite (Apt.) #, etc.

A

1st MOORE

CR2E034 (10/05)

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

4. FEI Number

65-0009945

Applied For

Not Applicable

Zip

33063

Country

U.S.A

Zip

33063

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MURRAY  
4412 NW 20 ST  
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name IRWIN SONSKY

Street Address (P.O. Box Number is Not Acceptable)

3953 COCOPLUM CIRCLE

APT A

City COCONUT CREEK

FL

Zip Code

33063

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 IRWIN SONSKY - TREAS.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEB 3, 2006

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME PINES, MARTIN  
STREET ADDRESS 3897 CARAMBOLA CIRCLE NORTH  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE P ☐ Delete  
NAME STUART, ARTHUR  
STREET ADDRESS 2577 BLUE SAGE AVE  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE S ☒ Delete  
NAME SANSKY IRWIN  
STREET ADDRESS 3953 COCO PLUM CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE T ☒ Delete  
NAME COHEN, MURRAY  
STREET ADDRESS 4412 NW 20 ST  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR (D) ☒ Change ☐ Addition  
NAME HURIZAY COHEN  
STREET ADDRESS 4412 N.W. 20 STREET  
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE TREASURER (T) ☐ Change ☒ Addition  
NAME ED RADISCH  
STREET ADDRESS 2154 N.W. 45 AVE  
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE TREASURER (T) ☒ Change ☐ Addition  
NAME IRWIN SONSKY  
STREET ADDRESS 3953 COCOPLUM CIRCLE  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE SECRETARY (S) ☐ Change ☒ Addition  
NAME TOM TORTORA  
STREET ADDRESS 4663 CARAMBOLA CIRCLE NORTH  
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

IRWIN SONSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 03, 2006 954-971-6277

Date

Daytime Phone #