


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2006 90062 006 ****61.25

DOCUMENT # N00000004573
 1. Entity Name
VALENCIA ISLES MEN'S CLUB, INC.



Principal Place of Business Mailing Address
11155 MANDALAY WAY BOYNTON BEACH FL 33437 **11155 MANDALAY WAY BOYNTON BEACH FL 33437**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-1006033** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ORT, MYRON
11155 MANDALAY WAY
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAUDY, IRA	
STREET ADDRESS	11464 KANAPALI LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	CS	<input type="checkbox"/> Delete
NAME	ZUGIEMAN, HAROLD	
STREET ADDRESS	1560 MALTA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP PRES	<input type="checkbox"/> Delete
NAME	KATZ, JERRY	
STREET ADDRESS	6626 HAWAIIAN AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORT, MYRON	
STREET ADDRESS	11155 MANDALAY WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KISON, JERRY KLSIN, JERRY	
STREET ADDRESS	7308 TENCA COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWELLMAN, HAROLD	
STREET ADDRESS	1560 MALTA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RECORDING SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, ANNIE	
STREET ADDRESS	1559 LUNAYA AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Myron Ort* 2/16/06 5617384688