


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002592</b> 1. Entity Name <b>DANIA BEACH MEN AND WOMEN'S CLUB CORPORATION</b>	
---	---

Principal Place of Business 1025 SE 4TH AVE. #307 DANIA BEACH, FL 33004	Mailing Address 1025 SE 4TH AVE. #307 DANIA BEACH, FL 33004
--	--



05152006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1108410</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RAGUSA, FRANCES M 1025 SE 4TH AVE #307 DANIA BEACH, FL 33304
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

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	P GRACE, BOBBIE 110 NW 8TH AVE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBINO, JIMMY 101 SE 3RD AVE #501 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAGUSA, FRANCES 1025 SE 4TH AVE #307 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WECKER, CONNIE 203 NE 3RD AVE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GEE, SHIRLEY 141 SE 3RD AVE 602 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565073  
05/20/06-80106-015 61.25

**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:** Bobbie Al Grace 5/16/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #