

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90102 024 \*\*\*\*61.25

<b>DOCUMENT # N02000000211</b>					
<b>1. Entity Name</b> CORAL SPRINGS REPUBLICAN CLUB, INC.					
<b>Principal Place of Business</b> 4975 NW 106TH WAY CORAL SPRINGS, FL 33076			<b>Mailing Address</b> 4975 NW 106TH WAY CORAL SPRINGS, FL 33076		
<b>2. Principal Place of Business</b> 10693 Wiles Road		<b>3. Mailing Address</b> 10693 Wiles Road			
Suite, Apt. #, etc. Suite 114		Suite, Apt. #, etc. Suite 114		03072006    Chg-NP    CR2E037 (11/05)	
City & State Coral Springs, Florida		City & State Coral Springs, Florida		<b>4. FEI Number</b> 65-1155315	
Zip 33076		Country USA		Applied For Not Applicable	
Zip 33076		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAW OFFICES OF TIMOTHY D. LUCERO, PA 1515 UNIVERSITY DRIVE, SUITE 111 CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 11, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> KENBERG, JOSEPH H	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<b>NAME</b> Joseph Eikenberg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4975 N.W. 106TH WAY	CORAL SPRINGS, FL 33076		<b>STREET ADDRESS</b> 10693 Wiles Road, #114	Coral Springs, Florida 33076	
<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33076			<b>CITY-ST-ZIP</b> Coral Springs, Florida 33076		
<b>TITLE</b> VD	<b>NAME</b> SIEGEL, JAY H	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 1st Vice President	<b>NAME</b> Jay H. Siegel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4975 N.W. 106TH WAY	CORAL SPRINGS, FL 33076		<b>STREET ADDRESS</b> 10693 Wiles Road, #114	Coral Springs, Florida 33076	
<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33076			<b>CITY-ST-ZIP</b> Coral Springs, Florida 33076		
<b>TITLE</b> TD	<b>NAME</b> GONZALEZ, DEBORAH R	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Treasurer	<b>NAME</b> Debbie Gonzalez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4975 N.W. 106TH WAY	CORAL SPRINGS, FL 33076		<b>STREET ADDRESS</b> 10693 Wiles Road, #114	Coral Springs, Florida 33076	
<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33076			<b>CITY-ST-ZIP</b> Coral Springs, Florida 33076		
<b>TITLE</b> VD	<b>NAME</b> PEROUIS, JAMES A	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 2nd Vice President	<b>NAME</b> Timothy D. Lucero	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4975 N.W. 106TH WAY	CORAL SPRINGS, FL 33076		<b>STREET ADDRESS</b> 10693 Wiles Road #114	Coral Springs, Florida 33076	
<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33076			<b>CITY-ST-ZIP</b> Coral Springs, Florida 33076		
<b>TITLE</b> _____	<b>NAME</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> Secretary	<b>NAME</b> Joy Prescott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> _____	_____		<b>STREET ADDRESS</b> 10693 Wiles Road, #114	Coral Springs, Florida 33076	
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> Coral Springs, Florida 33076		
<b>TITLE</b> _____	<b>NAME</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____	<b>NAME</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> _____	_____		<b>STREET ADDRESS</b> _____	_____	
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					