

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02363

FILED
Apr 13, 2006
Secretary of State

Entity Name: TOWN CENTER CLUB AUTHORITY, INC.

Current Principal Place of Business:

16690 SADDLE CLUB RD.
FT.LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

16690 SADDLE CLUB RD.
FT.LAUDERDALE, FL 33326

New Mailing Address:

FEI Number: 59-2385997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDDERWITZ, ROBERT
16690 SADDLE CLUB RD.
FT. LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTANA, PETE
Address: 16400 GOLF CLUB RD APT 213
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: GONZALEZ, MIKE
Address: 16091 LA COSTA DR
City-St-Zip: FT LAUDERDALE, FL 33326

Title: T () Delete
Name: CRISPINO, JEAN
Address: 500 SW 169 AVE
City-St-Zip: WESTON, FL 33326

Title: V () Delete
Name: CARIOSCIA, THERESA
Address: 340 RACQUET CLUB RD
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: COTLER, MARILYN
Address: 16401 GOLF CLUB RD #308
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: POZEN, JERRY
Address: 693 RACQUET CLUB RD #4
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ZUCKER, ANN
Address: 16100 GOLF CLUB RD #310
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: PINA, RICARDO
Address: 436 LAKEVIEW DR. #204
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE MONTANA

P

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date