


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90141 048 \*\*\*\*61.25

<b>DOCUMENT # N05000006382</b> 1. Entity Name <b>CLUB PHOENIX, INC.</b>					
Principal Place of Business <b>1856 HIDDEN TRAIL LANE WESTON, FL 33327-1456</b>			Mailing Address <b>1856 HIDDEN TRAIL LANE WESTON, FL 33327-1456</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <div style="text-align: right; font-size: 1.2em;"><b>59-3821608</b></div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02222006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>VILLEJOINT, CIR5CEE S 1856 HIDDEN TRAIL LANE WESTON, FL 33327-1456</b>			7. Name and Address of New Registered Agent Name <b>CIRCEE</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLEJOINT, CIRCEE S 1856 HIDDEN TRAIL LANE WESTON, FL 333271456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACQUES, LOUIS J 7684 NW 18TH ST #403 MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, MARIE-DENISE 4104 SPARGHORN LN WESTONE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, ERIC 4104 SPARGHORN LN WESTONE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILLEJOINT, FRANCOIS 1856 HIDDEN TRAIL LANE WESTON, FL 333271456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPAGNET, FRED 346 MALLARD RD WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAMPAGNE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b> <i>Circee S. Villejoint</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>APRIL 11, 2006 (954)349-7523</b> <small>Date Daytime Phone #</small>		