

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90013 035 ****61.25

DOCUMENT # N05000006382

1. Entity Name
CLUB PHOENIX, INC.



Principal Place of Business
**1856 HIDDEN TRAIL LANE
WESTON, FL 33327-1456**

Mailing Address
**1856 HIDDEN TRAIL LANE
WESTON, FL 33327-1456**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3821608

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VILLEJOINT, CIRCEE
1856 HIDDEN TRAIL LANE
WESTON, FL 33327-1456**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 VILLEJOINT, CIRCEE S 1856 HIDDEN TRAIL LANE WESTON, FL 333271456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACQUES, LOUIS PIERRE-JEROME, ERIC 768 NW 18TH ST #103 19430 SW 16TH ST MARGATE, FL 33063 PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, MARIE-DENISE ADRIEN, NICOLAS 4104 SPARGHORN LN P.O. Box 82111 WESTONE, FL 33331 PEMBROKE PINES, FL 33082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, ERIC 4104 SPARGHORN LN WESTONE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILLEJOINT, FRANCOIS 1856 HIDDEN TRAIL LANE WESTON, FL 333271456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPAGNE, FRED 346 MALLARD RD WESTON, FL 33327

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2007 954 349-7523
Date Daytime Phone #