

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000216

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MARGATE TITANS 10, INC.

**Current Principal Place of Business:**

324 SUNSHINE DR  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

**Current Mailing Address:**

324 SUNSHINE DR  
COCONUT CREEK, FL 33066

**New Mailing Address:**

FEI Number: 22-3950646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: THOMAS, TIMOTHY  
Address: 324 SUNSHINE DR  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD ( ) Delete  
Name: THOMAS, JEANNE  
Address: 324 SUNSHINE DR  
City-St-Zip: COCONUT CREEK, FL 33066

Title: S ( ) Delete  
Name: FITSCHEN, PATRICIA  
Address: 324 SUNSHINE DR  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD ( ) Delete  
Name: BURDICK, DEBBIE  
Address: 324 SUNSHINE DR  
City-St-Zip: COCONUT CREEK, FL 33066

**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:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY LEE THOMAS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date