

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90024 034 \*\*\*150.00

**DOCUMENT # N14551**

1. Entity Name  
TWIN LAKES BINGO CORPORATION



Principal Place of Business  
3055 BURRIS ROAD  
FT. LAUDERDALE, FL 33314 US

Mailing Address  
3055 BURRIS ROAD  
FT. LAUDERDALE, FL 33314 US

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COHEN, HOWARD  
465 OCEAN DR #715  
MIAMI BEACH, FL 33139

**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, the 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, 2006**

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  
D  
KINGSBERG, RICHARD  
661 NE 195TH STREET #308  
NORTH MIAMI BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MARBIN, SHERRIE  
20101 NE 20TH CT  
N.M.B., FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COHEN, HOWARD  
465 OCEAN DRIVE #715  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

1/26/05 954-587-0101