

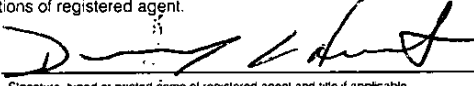
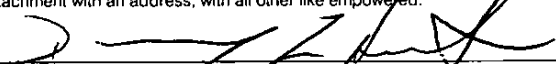


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90005 037 \*\*\*\*61.25

<b>DOCUMENT # N16185</b> 1. Entity Name <b>BROKEN SOUND CLUB, INC.</b>					
Principal Place of Business <b>2401 WILLOW SPRINGS DRIVE BOCA RATON, FL 33496</b>			Mailing Address <b>2401 WILLOW SPRINGS DRIVE BOCA RATON, FL 33496</b>		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 1.2em; margin-bottom: 5px;">20047155</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>06282006</span> <span>Chg-NP</span> <span>CR2E037 (4/06)</span> </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
4. FEI Number <b>59-2718435</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOH, FRANKLIN</b> <b>2401 WILLOW SPRINGS DRIVE</b> <b>BOCA RATON, FL 33496</b>				7. Name and Address of New Registered Agent  Name <b>Dianne HART</b> Street Address (P.O. Box Number is Not Acceptable) <b>2401 Willow Springs Dr.</b>  City <b>Boca Raton</b> FL Zip Code <b>33496</b>	
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  <b>Dianne Hart</b> <b>7/3/06</b> <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</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOH, FRANKLIN		NAME		
STREET ADDRESS	2401 WILLOW SPRINGS DR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	<del>VP</del>	<input type="checkbox"/> Delete	TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLAUGH, MICHAEL		NAME		
STREET ADDRESS	2401 WILLOW SPRINGS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	<del>VP</del>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEVITZ, DONALD		NAME		
STREET ADDRESS	2401 WILLOW SPRINGS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, SHELDON		NAME		
STREET ADDRESS	2401 WILLOW SPRINGS DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	<del>SECRET</del>	<input type="checkbox"/> Delete	TITLE	<b>2VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKER, MARVIN		NAME		
STREET ADDRESS	2401 WILLOW SPRINGS DR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <b>7/3/06 (561) 241-6834</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					