

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 22, 2006  
Secretary of State**

DOCUMENT# N34956

Entity Name: SMITH COLLEGE CLUB OF FORT LAUDERDALE, INC.

**Current Principal Place of Business:**

2929 E COMMERICAL BLVD  
STE #PH-C  
FT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2929 E COMMERICAL BLVD  
STE #PH-C  
FT LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 59-6136380      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BIZZARRO BUJALSKI, DEBORAH L. ESQ  
2929 E COMMERICAL BLVD  
STE #PH-C  
FT LAUDERDALE, FL 33308 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: D ( ) Delete  
Name: MEZER, LOIS,  
Address: 2375 N 37TH AVE  
City-St-Zip: HOLLYWOOD, FL

Title: S ( ) Delete  
Name: STONE, RUTH,  
Address: 4720 NE 3RD TER  
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete  
Name: SOCRANSKY, CLAIRE,  
Address: 2200 S OCEAN LANE #1704  
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete  
Name: CARNEY, JUDITH,  
Address: 5126 NW 59TH WAY  
City-St-Zip: CORAL SPRINGS, FL

Title: T ( ) Delete  
Name: FINK, JOAN,  
Address: 2000 S OCEAN DR PH3  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: PD ( ) Delete  
Name: BIZZARRO BUJALSKI, DEBORAH L PD  
Address: 2242 SE 13TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062 US

**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:

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 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: JOAN O. FINK

T

03/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date