

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N36387 1. Entity Name CLUB OPTIMISTE CAN-AM DE HOLLYWOOD, FLORIDE INC.					
Principal Place of Business P O BOX 223334 HOLLYWOOD FL 33022-0334				Mailing Address P O BOX 223334 HOLLYWOOD FL 33022-0334	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E037 (10/05)	
4. FEI Number NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LABOSSIERE, MARC 1222 NE 4TH AVE FORT LAUDERDALE FL 33304	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MEUNIER, GINETTE 5431 SW 32 TR FORT LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MORIN, ANDRE 362 SW 1ST AVE DANIA FL 33004	☐ Delete	U00000480085 04/10/06-80029-014 61.25		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PIERRE, BERNARD 800 NE 2 COURT HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BERNARD, THERESRE 800 NE 2 COURT HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CLAVET, RICHARD 1219 S FEDERAL HWY HOLLYWOOD FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 registrant 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.