

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 01, 2008
Secretary of State

DOCUMENT# N40006

Entity Name: BROWARD TABLE TENNIS CLUB, INC.**Current Principal Place of Business:**POTTER PARK
4300 SW 57 TER
DAVIE, FL 33314 US**New Principal Place of Business:**4200 NW 29 AVENUE
HOLLYWOOD, FL 33021 US**Current Mailing Address:**4123 W LAKE ESTATES DRIVE
DAVIE, FL 33328**New Mailing Address:**3735 N 37 TERRACE
HOLLYWOOD, FL 33021**FEI Number:** 65-0227243**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIEGELMAN, JOEL J.
4123 W LAKE ESTATES DRIVE
DAVIE, FL 33328 US**Name and Address of New Registered Agent:**ZELLER, CARLOS F DPT
3735 N 37 TERRACE
HOLLYWOOD, FL 33021 US

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: CARLOS ZELLER

12/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SPIEGELMAN, JOEL J.,
Address: 4123 W LAKE ESTATES DRIVE
City-St-Zip: DAVIE, FL 33328

Title: DV (X) Delete
Name: HARBECK, GARY
Address: 11050 LAKEVIEW DRIVE, N.
City-St-Zip: PEMBROKE, FL

Title: DS (X) Delete
Name: KEFFER, CARL
Address: 8811-2 GATEHOUSE ROAD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ZELLER, CARLOS F DPT
Address: 3735 N 37 TERRACE
City-St-Zip: HOLLYWOOD, FL 33021 US

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: CARLOS ZELLER

DPT

12/01/2008

Electronic Signature of Signing Officer or Director

Date