

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90422 017 \*\*\*\*61.25

<b>DOCUMENT # N97000000925</b>					
<b>1. Entity Name</b> VILLAGE BY THE SEA RECREATIONAL MANAGEMENT COUNCIL, INC.					
<b>Principal Place of Business</b> 1967 S OCEAN BLVD POMPANO BEACH, FL 33062			<b>Mailing Address</b> 1971 W MCNAB ROAD #2 POMPANO BEACH, FL 33069		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SIMON, ZOLTMAN 1967 S OCEAN BLVD 213-C POMPANO BEACH, FL 33062			<b>7. Name and Address of New Registered Agent</b> Name: <b>WOLF, AMY</b> Street Address (P.O. Box Number is Not Acceptable): <b>1967 S. OCEAN BLVD #422-D</b> City: <b>LAUDERDALE BY THE SEA</b> FL Zip Code: <b>33062</b>		
<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.</b>					
SIGNATURE: <div style="float: right; text-align: right;">                     4/29/06 DATE                 </div>					
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to: <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PTD <b>NAME</b> SIMON, ZOLTAN <b>STREET ADDRESS</b> 1967 SOUTH OCEAN BOULEVARD, #213C <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> WOLF, AMY <b>STREET ADDRESS</b> 1967 S. OCEAN BLVD #422-D <b>CITY-ST-ZIP</b> LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> HICKEY, PHIL <b>STREET ADDRESS</b> 1967 S OCEAN BLVD #105A <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> HICKEY, PHIL <b>STREET ADDRESS</b> 1967 S. OCEAN BLVD #105-A <b>CITY-ST-ZIP</b> LAUDERDALE BY THE SEA, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TR <b>NAME</b> LEWANDOWSKI, JANICE <b>STREET ADDRESS</b> 1967 SO OCEAN BLVD #421D <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> BEVERLY, DIANE <b>STREET ADDRESS</b> 1967 S. OCEAN BLVD #311-C <b>CITY-ST-ZIP</b> LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <div style="float: right; text-align: right;">                     4/29/06 957-788-0066                      Date Daytime Phone #                 </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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