

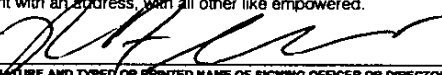


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90336 047 ****61.25

DOCUMENT # N97000002912 1. Entity Name PINE ISLAND RIDGE DEMOCRATIC CLUB, INC.					
Principal Place of Business RANDY A FLEISCHER 8258 STATE ROAD 84 DAVIE, FL 33324 US			Mailing Address RANDY A FLEISCHER 8258 STATE ROAD 84 DAVIE, FL 33324 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent SIMON MARVIN RANDY A. FLEISCHER 8258 STATE ROAD 84 DAVIE, FL 33324				7. Name and Address of New Registered Agent Name RANDY A. FLEISCHER 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  R/A 4/6/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEISCHER, RANDY A		NAME	SECRETARY	
STREET ADDRESS	8258 STATE ROAD 84		STREET ADDRESS	DUBAI STEINSALEZ	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP	10530 NW 10 CT	
TITLE	1VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERSKOVITS, JERRY		NAME	PLAYATION FL 33322	
STREET ADDRESS	1703 WHITEHALL DRIVE, #402		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	ESD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPP, EILEEN		NAME		
STREET ADDRESS	1522 WHITEHALL DRIVE, #202		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	2V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARRETT, MICKEY		NAME		
STREET ADDRESS	9136A SW 20 PLACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KESSLER, PHYLLIS		NAME		
STREET ADDRESS	1528 WHITEHALL DRIVE, #101		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	T OLIVO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVO, GERARD		NAME	OLIVO, GERARD	
STREET ADDRESS	1514 WHITEHALL DRIVE, #405		STREET ADDRESS	1514 WHITEHALL DR 405	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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: 			4/6/06 957/472-8401		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		