


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 016 ****61.25

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| DOCUMENT # N97000002912 | |  |
| 1. Entity Name PINE ISLAND RIDGE DEMOCRATIC CLUB, INC. | | |

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| Principal Place of Business RANDY A. FLEISCHER CHARLES SMITH 8258 STATE ROAD 84 DAVIE, FL 33324 US | Mailing Address RANDY A. FLEISCHER CHARLES SMITH 8258 STATE ROAD 84 DAVIE, FL 33324 US |
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40035511



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| 2. Principal Place of Business - No P.O. Box # 9637 SUGAR PINES CT. | 3. Mailing Address 9637 SUGAR PINES CT. |
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01222007 Chg-NP CR2E037 (12/06)

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| City & State DAVIE, FL. | City & State DAVIE, FL. |
| Zip 33328 | Country BROWARD |

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| 4. FEI Number 65-0132679 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FLEISCHER, RANDY A 8258 STATE ROAD 84 DAVIE, FL 33324 | | 7. Name and Address of New Registered Agent Name CHARLES SMITH Street Address (P.O. Box Number is Not Acceptable) 9637 SUGAR PINES CT. City DAVIE FL Zip Code 33328 | |
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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.

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| SIGNATURE  | CHARLES SMITH, PRES. | DATE 2/28/07 |
|---|----------------------|--------------|

**Filing Fee is \$61.25
Due by May 1, 2007**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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**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 | SD STEINSALZ, DEBRA 10520 NW 10 CT FORT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VD HERSKOVITS, JERRY 1703 WHITEHALL DRIVE, #402 FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VD JARRETT, MICKEY 9136A SW 20 PLACE FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD OLIVO, GERARD 1514 WHITEHALL DR #405 FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLEISCHER, RANDY A 8258 STATE ROAD 84 FORT LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE:  | GERARD OLIVO, TREAS. | Date | Daytime Phone # 954-473-6737 |
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