

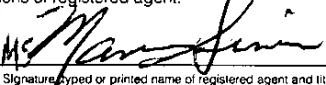



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90042 029 \*\*\*\*61.25

<b>DOCUMENT # N97000002912</b>					
<b>1. Entity Name</b> PINE ISLAND RIDGE DEMOCRATIC CLUB, INC.					
<b>Principal Place of Business</b> C/O CHARLES SMITH MARVIN SIMON 9637 SUGAR PINES CT. DAVIE, FL 33328 US			<b>Mailing Address</b> C/O CHARLES SMITH MARVIN SIMON 9637 SUGAR PINES CT. DAVIE, FL 33328 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2120 SW 92ND TERR Suite, Apt. #, etc. STE 2903		<b>3. Mailing Address</b> 2120 SW 92ND TERR Suite, Apt. #, etc. STE 2903			
<b>City &amp; State</b> DAVIE, FL.		<b>City &amp; State</b> DAVIE, FL.		<b>4. FEI Number</b> 65-0132679	
<b>Zip</b> 33324		<b>Country</b> US		<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> SMITH, CHARLES 9637 SUGAR PINES CT. DAVIE, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name: MARVIN SIMON Street Address (P.O. Box Number is Not Acceptable): 2120 SW 92ND TERRACE STE 2903 City: DAVIE FL Zip Code: 33324	
<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:  MARVIN SIMON PRES. 4/8/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <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> SD <b>NAME</b> STEINSALZ, DEBRA <b>STREET ADDRESS</b> 10520 NW 10 CT <b>CITY-ST-ZIP</b> DAVIE, FL 33322	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> PHILIP BUSEY <b>STREET ADDRESS</b> 837 SW 120 WAY <b>CITY-ST-ZIP</b> DAVIE, FL 33335	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 2VP <b>NAME</b> HERSKOVITS, JERRY <b>STREET ADDRESS</b> 1703 WHITEHALL DRIVE, #402 <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<input type="checkbox"/> Delete		<b>TITLE</b> BD <b>NAME</b> FLORA FASCIANI <b>STREET ADDRESS</b> 9850 N. OAK KNOLL CIR. <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 2BD <b>NAME</b> JARRETT, MICKEY <b>STREET ADDRESS</b> 9136A SW 20 PLACE <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> BD <b>NAME</b> STEVE GEUER <b>STREET ADDRESS</b> 1705 WHITEHALL DR. #203 <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> OLIVO, GERARD <b>STREET ADDRESS</b> 1514 WHITEHALL DR #405 <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<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> PD <b>NAME</b> SMITH, CHARLES <b>STREET ADDRESS</b> 9637 SUGAR PINES CT. <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input checked="" 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> 1VP <b>NAME</b> MONROE KIAR <b>STREET ADDRESS</b> 6191 SW 45ST <b>CITY-ST-ZIP</b> DAVIE, FL 33314	<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> 			GERARD OLIVO TREAS.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/8/08 Daytime Phone #: 954-473-6737		