

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004636

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: DANIA WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

17 NW 1ST AVE  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1638  
DANIA BEACH, FL 33004

**New Mailing Address:**

FEI Number: 65-1120666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CONNOR, NORMA D  
206 SE 10TH STREET  
401  
DANIA BEACH, FL 33004 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CONNOR, NORMA D  
Address: 206 SE 10TH STREET #401  
City-St-Zip: DANIA BEACH, FL 33004

Title: VD ( ) Delete  
Name: LENNON, PHILOMENA  
Address: 809 ARGONAUT ISLE  
City-St-Zip: DANIA BEACH, FL 33004

Title: VD ( ) Delete  
Name: CORONA, DOROTHY  
Address: 38 SE 11TH STREET  
City-St-Zip: DANIA BEACH, FL 33004

Title: T ( ) Delete  
Name: MOSTECKI, MARY  
Address: 170 SE 5TH AVENUE #307  
City-St-Zip: DANIA BEACH, FL 33004

Title: S ( ) Delete  
Name: PAGE, TERESA  
Address: 7580 STIRLING ROAD #114V  
City-St-Zip: DAVIE, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: NORMA D. CONNOR

PD

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date