


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90004 001 \*\*\*\*70.00

**DOCUMENT # N03000000624**

1. Entity Name  
**PARKLAND GOLF & COUNTRY CLUB FOUNDATION, INC.**



Principal Place of Business  
 11784 W. SAMPLE ROAD  
 # 103  
 CORAL SPRINGS, FL 33065 US

Mailing Address  
 11784 W. SAMPLE ROAD  
 # 103  
 CORAL SPRINGS, FL 33065 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
**02-0676323**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

01172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

~~UNITED COMMUNITY MANAGEMENT CORP.~~  
~~11784 W. SAMPLE ROAD~~  
~~# 103~~  
~~CORAL SPRINGS, FL 33065~~

7. Name and Address of New Registered Agent

Name **WCI/Hastings, Vivien N.**  
 Street Address (P.O. Box Number is Not Acceptable) **24301 Walden Center Drive**  
 Suite # **300**  
 City **Bonita Springs FL** Zip Code **34134**

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 *Vivien Hastings* DATE 2/15/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DV	<input type="checkbox"/> Delete
NAME	SMIETANA, MARK	
STREET ADDRESS	8106 NW 111 TERRACE	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LACALLE, MARGARET	
STREET ADDRESS	12131 NW 73 STREET	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALLOWAY, VALARIE	
STREET ADDRESS	5957 NW 47 WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

SIGNATURE: *Margaret LaCalle* DATE 2/4/08 DAYTIME PHONE # 954.575.4271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

**MARGARET LACALLE, PRESIDENT**