

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005307

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** SOUTHWEST RANCHES HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

5901 SW 160TH AVE.  
SOUTHWEST RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SW 160TH AVE.  
SOUTHWEST RANCHES, FL 33331

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

POLIAKOFF, GARY A ESQ.  
3111 STIRLING RD.  
FT. LAUDERDALE, FL 33312      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: PT                      ( ) Delete  
Name: CHARLES, MARYGAY  
Address: 5901 SW 160TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D                      ( ) Delete  
Name: DUNN, EILEEN  
Address: 5901 SW 160TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D                      ( ) Delete  
Name: HOLLINGSWORTH, NOLE  
Address: 5901 SW A60TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: V                      ( ) Delete  
Name: MCKAY, DOUG  
Address: 5901 SW 160TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D                      ( ) Delete  
Name: SCHRODER, DENISE  
Address: 5901 SW 160TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D                      ( ) Delete  
Name: CIMETTA, KEN  
Address: 5901 SW 160TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: MARYGAY CHAPLES

PT

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date