2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007087

1. Entity Name
THE GARDEN CLUB OF CORAL SPRINGS, INC.

Principal Place of Business	Mailing Address
12167 N.W. 9TH PLACE CORAL SPRINGS, FL 33071	12167 N.W. 9TH PLACE CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0955256
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLOUGH, MICHELE
6111 N.W. 122 TERRACE
CORAL SPRINGS, FL 33076

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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.*

SIGNATURE Michele Plough 4-11-05
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIMARE, MARCY
STREET ADDRESS	12167 NW 9TH PLACE
CITY-ST-ZIP	POMPANO BEACH, FL 33071
TITLE	VPD
NAME	MANN, RHONDA
STREET ADDRESS	7601 N.W. 18TH COURT
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	TD
NAME	HERSH, KAREN
STREET ADDRESS	2117 PINEHURST WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80096-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Marcy DiMare 4-11-05 954-253-9189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #