

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90174 012 ****61.25

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DOCUMENT # N36823

1. Corporation Name

BOYNTON WOMAN'S CLUB

Principal Place of Business

1010 S FEDERAL HWY
BOYNTON BEACH FL 33425
US

Mailing Address

P.O. BOX 1135
BOYNTON BEACH FL 33425

150275 90174 12 5



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/23/1990

4. FEI Number

59-6134516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FEENEY, IRENE
800 CANARY WALK
GULFSTREAM FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **WHITE, JOAN**
CITY-ST-ZIP **295-D MAIN BLVD**
BOYNTON BEACH FL 33435

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **CORCORAN, KATHERINE R**
CITY-ST-ZIP **215 SW 3RD ST**
BOYNTON BEACH FL

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **FEENEY, IRENE**
CITY-ST-ZIP **800 CANARY WALK**
GULFSTREAM FL

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **LIAROS, SOPHIA**
CITY-ST-ZIP **101 LEISURE LAKE CIR. #107**
BOYNTON BEACH FL 33426

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **THOMAS, BETTY**
CITY-ST-ZIP **331 SW 11TH AVE**
BOYNTON BEACH FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CHIAVOLA, CAROLE**
CITY-ST-ZIP **2101 SW 20 CIRCLE**
BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PETER, NAOMI**
1.3 STREET ADDRESS **1102 OCEAN AVE**
1.4 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **ROSE MARIE FAUER**
2.3 STREET ADDRESS **2205 S.W. 10TH TERRACE**
2.4 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VPD**
3.3 STREET ADDRESS **LEE BUFFAN**
3.4 CITY-ST-ZIP **2563 S.W. 10TH ST**
BOYNTON BEACH FL 33426

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VPD**
4.3 STREET ADDRESS **CAROLE J. CHIAVOLA**
4.4 CITY-ST-ZIP **1314 S.W. 815TH ST.**
BOYNTON BEACH FL 33426

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **GEORGIA WILLIAMS**
5.3 STREET ADDRESS **2385 S.W. 14TH AVE**
5.4 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **VP**
6.3 STREET ADDRESS **PHYLLIS COLEORP**
6.4 CITY-ST-ZIP **2396 S.W. 13TH AVE**
BOYNTON BEACH FL 33426

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 (561) 731-5882
Date Daytime Phone #

CR2E037 (11/98)