

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 701292 Entity Name POMPANO BEACH GARDEN CLUB INC	
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Principal Place of Business 1801 N.E. 6TH STREET POMPANO BEACH FL 33060 US	Mailing Address P.O. BOX 610416 POMPANO BEACH FL 33061 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-1722590** ☐ Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent

GOTT, KAREN D
3040 N.E. 9TH AVENUE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

City **FL** **Zip Code**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HOOSE, JUANITA MRS. 900 NORTH OCEAN BLVD., #27 POMPANO BEACH FL 33062	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SWISTOSKI, KIMBERLY MRS. 900 NORTH OCEAN BLVD., APT. F POMPANO BEACH FL 33062	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GOTT, KAREN MRS. 3040 NE 9TH AVENUE POMPANO BEACH FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSH, PATRICIA MRS. 201 NORTH OCEAN BLVD., #104 POMPANO BEACH FL 33062	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 817, 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 *Karen D. Gott* **DATE** *4-11-06* **FILED** *901532 FLA*