## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36823

Entity Name: BOYNTON WOMAN'S CLUB

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1010 S FEDERAL HWY

BOYNTON BEACH, FL 33425 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1135

BOYNTON BEACH, FL 33425

FEI Number: 59-6134516 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OSTIGUY, LILLIAN M SABLE, CYNTHIA
10 SAILFISH LANE 6609 ASTON LANE

BOYNTON BEACH, FL 33435 US BOYNTON BEACH, FL 33437 US

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: CYNTHIA SABLE 01/11/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name: OSTIGUY, LILLIAN Name: SABLE, CYNTHIA
Address: 10 SAILFISH LANE Address: 6609 ASTON LANE

City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: NOYNTON BEACH, FL 33437

Title: 1VP ( ) Delete Title: 1VP (X) Change ( ) Addition

 Name:
 SABLE, CYNTHIA
 Name:
 MOORE, DOROTHY

 Address:
 6609 ASTON LANE
 Address:
 6609 ASTON LANE

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437

Title: 2VP () Delete Title: 2VP (X) Change () Addition

 Name:
 MOORE, DOROTHY
 Name:
 SCHEITLER, MARY

 Address:
 6609ASTON LANE
 Address:
 81 CEDAR CIRCLE

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete Title: () Change () Addition

 Name:
 JALOVEC, SHÉRRY
 Name:

 Address:
 6666 JOG PALM DR.
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:

Name: BOROVAY, SHARON Name: BAKER, KAY
Address: 6601 ASTONLANE Address: 3303 HAYDEN CT

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA SABLE P 01/11/2007