

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701292

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: POMPANO BEACH GARDEN CLUB INC

**Current Principal Place of Business:**

1801 N.E. 6TH STREET  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 610416  
POMPANO BEACH, FL 33061 US

**New Mailing Address:**

FEI Number: 59-1722590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GOTT, KAREN D  
3040 N.E. 9TH AVENUE  
POMPANO BEACH, FL 33064 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: P/D ( ) Delete  
Name: HOOSE, JUANITA MRS.  
Address: 900 NORTH OCEAN BLVD., #27  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: V/D ( ) Delete  
Name: SWISTOSKI, KIMBERLY MRS.  
Address: 900 NORTH OCEAN BLVD., APT. F  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: T/D ( ) Delete  
Name: GOTT, KAREN MRS.  
Address: 3040 NE 9TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: S ( ) Delete  
Name: RUSH, PATRICIA MRS.  
Address: 201 NORTH OCEAN BLVD., #104  
City-St-Zip: POMPANO BEACH, FL 33062 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: SWISTOSKI, KIMBERLY MRS.  
Address: 900 NORTH OCEAN BLVD., APT. F  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: V/D (X) Change ( ) Addition  
Name: GOTT, KAREN MRS.  
Address: 3040 NE 9TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: T/D (X) Change ( ) Addition  
Name: NELSON, JOANNE MRS.  
Address: 400 CIRCLE DRIVE  
City-St-Zip: POMPANO BEACH, FL 33062 US

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: KAREN GOTT

V/D

04/29/2007

Electronic Signature of Signing Officer or Director

Date