

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007745

**Entity Name:** SOCIAL CLUB OF PARK PLACE, INC.

**Current Principal Place of Business:**

1001 W. LAKEVIEW DR.  
SEBASTIAN, FL 32958

**Current Mailing Address:**

1043 W. LAKEVIEW DR/  
SEBASTIAN, FL 32958

**FEI Number: 38-4090423**

**Certificate of Status Desired: No**

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

MASINO, ALBERT  
2126 E. LAKEVIEW DR.  
SEBASTIAN, FL 32958 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JOHNSON, CHERYLE A  
Address 2305 KELLY DR.  
City-State-Zip: SEBASTIAN FL 32958

Title VP  
Name ZITZ, BARBARA  
Address 1049 W. LAKEVIEW DR.  
City-State-Zip: SEBASTIAN FL 32958

Title TREA  
Name MARLOW, ELIZABETH  
Address 1043 W. LAKEVIEW DR.  
City-State-Zip: SEBASTIAN FL 32958

Title SECY  
Name EDWARDS, LOIS  
Address 3303 E. DAIRY DR.  
City-State-Zip: SEBASTIAN FL 32958

Title DIRE  
Name PLANTE, LEONA  
Address 3375 S. DERRY  
City-State-Zip: SEBASTIAN FL 32958

Title DIRE  
Name HOJNACKI, JACKIE  
Address 1141 W. LAKEVIEW DR.  
City-State-Zip: SEBASTIAN FL 32958

*I hereby 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 all other like empowered.*

**SIGNATURE: CHERYLE A JOHNSON**

**PRESIDENT**

**05/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date