# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2008**
**Secretary of State**

DOCUMENT# 701292

**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 ( )**

**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: SWISTOSKI, KIMBERLY MRS.
Address: 900 NORTH OCEAN BLVD., APT. F
City-St-Zip: POMPANO BEACH, FL 33062 US

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MRS. JOANNE NELSON T/D 04/24/2008

Electronic Signature of Signing Officer or Director — Date