

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90015 013 ****61.25

DOCUMENT # 704191

1. Entity Name

SENIOR CITIZENS CLUB LANTANA, FLORIDA, INC.



Principal Place of Business

IRIS AND DIXIE
BOX 3303
LANTANA FL 33465-3303

Mailing Address

IRIS AND DIXIE
BOX 3303
LANTANA FL 33465-3303

54012588



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAUR, MARY
3330 POST STREET
BOYNTON BEACH FL**

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

Mary Baur

2-10-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAND, JANE ☐ Delete
STREET ADDRESS 896 N. FEDERAL HWY #432
CITY-ST-ZIP LANTANA FL 33462

TITLE V
NAME ANTONETTE, TERRY ☐ Delete
STREET ADDRESS 229 N. K ST
CITY-ST-ZIP LAKE WORTH FL

TITLE RS
NAME JOHNSON, ANNE ☐ Delete
STREET ADDRESS 1127 PINE WAY
CITY-ST-ZIP LANTANA FL 33462

TITLE T
NAME HAND, ROBERT ☐ Delete
STREET ADDRESS 896 N FEDERAL HWY #432
CITY-ST-ZIP LANTANA FL 33462

TITLE D
NAME VITO, LEONE ☐ Delete
STREET ADDRESS 1 N GOLFVIEW # 203
CITY-ST-ZIP LAKE WORTH FL

TITLE D
NAME YORK, ANN ☐ Delete
STREET ADDRESS 202 S O ST
CITY-ST-ZIP LAKE WORTH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Mary Baur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04 *561-588-9302*

Date

Daytime Phone #