

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90030 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                     |                                                                                 |                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 704191</b><br>1. Entity Name<br><b>SENIOR CITIZENS CLUB LANTANA, FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                                                     |                                                                                 |                                                                                                                            |  |
| Principal Place of Business<br><b>IRIS AND DIXIE<br/>BOX 3303<br/>LANTANA FL 33465-3303</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                                                                                     | Mailing Address<br><b>IRIS AND DIXIE<br/>BOX 3303<br/>LANTANA FL 33465-3303</b> |                                                                                                                                                                                                             |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                 |                                                                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | City & State                                                                        |                                                                                 |                                                                                                                                                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                         | Zip                                                                                 | Country                                                                         |                                                                                                                                                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><b>BAUR, MARY<br/>3330 POST STREET<br/>BOYNTON BEACH FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                     |                                                                                 | 7. Name and Address of New Registered Agent<br>Name <b>GRACE - SCARBERRY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1127 PINES WAY</b><br>City <b>LANTANA</b> FL Zip Code <b>33462</b> |  |
| 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.<br>SIGNATURE <i>Grace Scarberry</i> DATE <b>2-7-05</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                 |                                                                                                                 |                                                                                     |                                                                                 |                                                                                                                                                                                                             |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                          |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                                     |                                                                                 |                                                                                                                                                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                    |                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>P</b><br><b>HAND, JANE</b><br><b>896 N. FEDERAL HWY #432</b><br><b>LANTANA FL 33462</b><br><i>President</i>  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                | <b>Grace Scarberry</b><br><b>1127 Pines Way</b><br><b>Lantana, FL 33462</b><br><i>CS</i>                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>V</b><br><b>ANTONETTE, TERRY</b><br><b>229 N. K ST</b><br><b>LAKE WORTH FL</b><br><i>Vice President</i>      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>RS</b><br><b>JOHNSON, ANNE</b><br><b>1127 PINE WAY</b><br><b>LANTANA FL 33462</b><br><i>Secretary</i>        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>T</b><br><b>HAND, ROBERT</b><br><b>896 N FEDERAL HWY #432</b><br><b>LANTANA FL 33462</b><br><i>Treasurer</i> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>D</b><br><b>VITO, LEONE</b><br><b>1 N GOLFVIEW # 203</b><br><b>LAKE WORTH FL</b><br><i>Director</i>          |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>D</b><br><b>YORK, ANN</b><br><b>202 S O ST</b><br><b>LAKE WORTH FL</b><br><i>Director</i>                    |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                | <b>Mildred Remed</b><br><b>425 So LAKE DR</b><br><b>LANTANA, FL 33462</b><br><i>Director</i>                                                                                                                |  |
| 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: <i>Grace Scarberry</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                                     | Date <b>2-7-05</b> 561-5826348-<br><small>Daytime Phone #</small>               |                                                                                                                                                                                                             |  |

**66006340**



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required