


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 050 ****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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NO-T APPLICABLE <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SCARBERRY, GRACE 1127 PINES WAY LANTANA FL 33462 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAND, JANE | | NAME | | |
| STREET ADDRESS | 896 N. FEDERAL HWY #432 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LANTANA FL 33462 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANTONETTE, TERRY | | NAME | | |
| STREET ADDRESS | 229 N. K ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSON, ANNE | | NAME | | |
| STREET ADDRESS | 1127 PINE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | LANTANA FL 33462 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAND, ROBERT | | NAME | | |
| STREET ADDRESS | 896 N FEDERAL HWY #432 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LANTANA FL 33462 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VITO, LEONE | | NAME | | |
| STREET ADDRESS | 1 N GOLFVIEW # 203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL | | CITY-ST-ZIP | | |
| TITLE | CS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCARBERRY, GRACE | | NAME | | |
| STREET ADDRESS | 1127 PINES WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | LANTANA FL 33462 | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Grace Scarberry* **GRACE SCARBERRY** 2-6-06 561582-6398