

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706669

FILED  
May 16, 2011  
Secretary of State

Entity Name: FLEUR-DE-LIS, INC.

**Current Principal Place of Business:**

#1 NO. GOLFPVIEW RD  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

#1 NO. GOLFPVIEW RD  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 59-1003399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WADDEN, MICHAEL  
1 NORTH GOLFPVIEW DR  
APT 603  
LAKE WORTH, FL 33460 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: TR  
Name: WADDEN, MICHAEL  
Address: 1 NORTH GOLF VIEW, # 602/603  
City-St-Zip: LAKE WORTH, FL 33460

Title: SD  
Name: GILLIGAN, BARBARA  
Address: 1 N GOLFPVIEW #704  
City-St-Zip: LAKE WORTH, FL 33460

Title: D  
Name: PARKER, CLIFFORD  
Address: 1 N GOLFPVIEW, APT 302  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP  
Name: GIBNEY, JOHN  
Address: 76 POND ST  
City-St-Zip: METHEUN, MA 08144

Title: D  
Name: KENT, SUSAN  
Address: 1 N GOLFPVIEW, APT 501  
City-St-Zip: LAKE WORTH, FL 33460

Title: P  
Name: GILLIGAN, THOMAS  
Address: 1 N GOLFPVIEW RD, APT 704  
City-St-Zip: LAKE WORTH, FL 33460

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: MICHAEL F. WADDEN

TR

05/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date