

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

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 018 ****61.25

DOCUMENT # 716760

1. Entity Name

FORT LAUDERDALE GARDEN CLUB, INC.



Principal Place of Business

INC. HUGH TAYLOR BIRCH ST. PARK,
3109 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address

P O BOX 4114
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-0816875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, PAUL M
160 CYPRESS CREEK DR. APT 612
POMPANO BEACH FL 33060

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DORNAU, MAUREEN
STREET ADDRESS 1601 SE 10TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33316-3217

TITLE PD ☒ Change ☐ Addition
NAME Jane Huckins,
STREET ADDRESS 1615 Fig Tree Lane
CITY-ST-ZIP Plantation FL 33317-3946

TITLE VPD ☐ Delete
NAME PARKER, DONNA
STREET ADDRESS 8726 NW 76TH CT
CITY-ST-ZIP FORT LAUDERDALE FL 33321-1608

TITLE VPD ☒ Change ☐ Addition
NAME Virginia Vy Fvinkel
STREET ADDRESS 1739 SE 11th Street
CITY-ST-ZIP Fort Lauderdale, FL 33316-1445

TITLE SD ☐ Delete
NAME HOCHSTASSER, ANN
STREET ADDRESS 2709 NE 26TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33306-1735

TITLE SD ☒ Change ☐ Addition
NAME Sandra Lynch
STREET ADDRESS 333 Sunset Drive Apt 1101
CITY-ST-ZIP Fort Lauderdale FL 33301-2641

TITLE TD ☐ Delete
NAME FRY, LOIS L
STREET ADDRESS 632 SW 6TH ST. #10001
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD ☒ Change ☐ Addition
NAME Dorothy Noll
STREET ADDRESS 5761 S.W. 16th Street
CITY-ST-ZIP Plantation, FL 33317-5181

TITLE CSD ☐ Delete
NAME WHEELER, JANIE
STREET ADDRESS 340 LIDO DR
CITY-ST-ZIP FORT LAUDERDALE FL 33301-2534

TITLE CSD ☒ Change ☐ Addition
NAME Cynthia Long
STREET ADDRESS 6313-3 Bay Club Drive
CITY-ST-ZIP Fort Lauderdale FL 33308-1520

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Dorothy Noll Dorothy Noll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/04 954-791-8433
Date Daytime Phone #