

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

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90283 045 ****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

1st MOORE

CR2E037 (10/05)

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
POMPAÑO BEACH FL 33060

Name *Maureen Fengler*

Street Address (P.O. Box Number is Not Acceptable)
3031 NE 22nd Street

City *Fort Lauderdale, FL*

FL

Zip Code *33305*

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

Maureen Fengler

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-26-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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
NAME HUCKINS, JANE ☒ Delete
STREET ADDRESS 761 S. FIG TREE LANE
CITY-ST-ZIP PLANTATION FL 33317-3946

TITLE PD ☒ Change ☐ Addition
NAME *Lynch, Sandra*
STREET ADDRESS *333 Sunset Dr Apt. 1107*
CITY-ST-ZIP *Ft. Lauderdale, FL 33312-2668*

TITLE VPD ☒ Delete
NAME FVINKEL, VIRGINIA VY
STREET ADDRESS 1739 SE 11TH STREET.
CITY-ST-ZIP FORT LAUDERDALE FL 33316-1445

TITLE VPD ☒ Change ☒ Addition
NAME *Elcen D'Addezio*
STREET ADDRESS *3440 N.W. 91st Avenue*
CITY-ST-ZIP *Oakland Park, FL 33309-5915*

TITLE SD ☒ Delete
NAME LYNCH, SANDRA
STREET ADDRESS 333 SUNSET DRIVE APT 1107
CITY-ST-ZIP FORT LAUDERDALE FL 33301-2641

TITLE SD ☒ Change ☒ Addition
NAME *Lusk-Smith, Dr. Jane*
STREET ADDRESS *611 Lakeside Circle*
CITY-ST-ZIP *Pompano Beach, FL 33060-3096*

TITLE TD ☐ Delete
NAME NOLL, DOROTHY
STREET ADDRESS 5761 SW 16TH ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33317-5181

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

TITLE CSD ☐ Delete
NAME ROBBINS, ROBYN
STREET ADDRESS 8595 SUNRISE LAKES BLVD APT 307
CITY-ST-ZIP SUNRISE FL 33322-5461

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

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 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: *Sandra J. Lynch*

4/21/06

954 463-0246