


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 716760</b>	
<b>1. Entity Name</b> FORT LAUDERDALE GARDEN CLUB, INC.	

<b>Principal Place of Business</b> INC. HUGH TAYLOR BIRCH ST. PARK, 3109 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304	<b>Mailing Address</b> P O BOX 4114 FORT LAUDERDALE FL 33304 US
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 59-0816875	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FENGLER, MAUREEN 3031 NE 22ND ST FORT LAUDERDALE FL 33305
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> <input type="checkbox"/> Delete LYNCH, SANDRA 333 SUNSET DR APT 1107 FORT LAUDERDALE FL 33312-2668
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VPD</b> <input type="checkbox"/> Delete D'ADDEZIO, EILEEN 3440 NW 21ST AVE FORT LAUDERDALE FL 33309-5715
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>SD</b> <input type="checkbox"/> Delete LUSK-SMITH, JANE DR 611 LAKESIDE CIR MULBERRY FL 33860-3096
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>TD</b> <input type="checkbox"/> Delete NOLL, DOROTHY 5761 SW 16TH ST. FORT LAUDERDALE FL 33317-5181
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>CSD</b> <input type="checkbox"/> Delete ROBBINS, ROBYN 8595 SUNRISE LAKES BLVD APT 307 SUNRISE FL 33322-5461
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000638950 02/28/07-80007-008 61.25
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 SANDRA T. LYNCH 2/9/07 954 463-0246