

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 722690

1. Entity Name
THE OPTIMIST CLUB OF PASADENA LAKES, INC.



**FILED
Mar 13, 2006 8:00 am
Secretary of State**

03-13-2006 90079 019 ****70.00



01062006 Chg-NP CR2E037 (11/05)

Principal Place of Business 8815 PASADENA BLVD. PEMBROKE PINES, FL 33024		Mailing Address 8391 NW 24 COURT PEMBROKE PINES, FL 33024	
2. Principal Place of Business		3. Mailing Address JULIANNA GIORDANO	
Suite, Apt. #, etc. 8300 NW 19 STREET		Suite, Apt. #, etc. 8300 NW 19 STREET	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33024	Country	Zip 33024	Country
6. Name and Address of Current Registered Agent ALONG, STEVE 8101 NW 12 STREET PEMBROKE PINES, FL 33024			
Name MARCUS HADLEY Street Address (P.O. Box Number is Not Acceptable) 17550 NW 10 STREET City PEMBROKE PINES FL Zip Code 33029			

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

Marcus F. Hadley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/06

DATE

**Filing 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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	ANNISON, WILLIAM	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11040 NW 18 ST	PEMBROKE PINES, FL 33026		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				STREET ADDRESS			
D	KRAMER, RICHARD	<input checked="" type="checkbox"/> Delete		CITY-ST-ZIP			
STREET ADDRESS	1810 NW 117 TERR	PEMBROKE PINES, FL 33026				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP							
T	GARY, PATRICK	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8391 N.W. 24TH COURT	PEMBROKE PINES, FL 33024		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
S	ST JEAN, SUSAN	<input checked="" type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	109 NW 108AVE	HOLLYWOOD, FL 33026		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
D	GOINS, JESS	<input checked="" type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7666 RALEIGH ST	HOLLYWOOD, FL 33024		NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
D	IRIZARRY, MIKE	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	11820 NW 23 ST	PEMBROKE PINES, FL 33026		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerments.

SIGNATURE:

Marcus F. Hadley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 325-5452

Daytime Phone #