

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # 722690**

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



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 GIORANDO**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**8300 NW 19 STREET**

City & State

City & State

**PEMBROKE PINES, FL**

Zip

Country

Zip

Country

**33024**

01062006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**23-7173397**

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

**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*

(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANNISON, WILLIAM  
11040 NW 18 ST  
PEMBROKE PINES, FL 33026** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KRAMER, RICHARD  
1810 NW 117 TERR  
PEMBROKE PINES, FL 33026** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JULIANNA GIORANDO  
8300 NW 19 STREET  
PEMBROKE PINES, FL 33024** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GARY, PATRICK  
8391 N.W. 24TH COURT  
PEMBROKE PINES, FL 33024** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ST JEAN, SUSAN  
109 NW 108AVE  
HOLLYWOOD, FL 33026** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EDMOND WILKIS  
1910 NW 86 TERRACE  
PEMBROKE PINES, FL 33024** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOINS, JESS  
7666 RALEIGH ST  
HOLLYWOOD, FL 33024** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WESLEY WINDHAM  
3100 NW 112 TERRACE  
PEMBROKE PINES, FL 33024** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
IRIZARRY, MIKE  
11820 NW 23 ST  
PEMBROKE PINES, FL 33026** ☐ Delete

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

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 empowered.

SIGNATURE:

*Marcus F. Hadley*

Date

Daytime Phone #

**(954) 325-5452**