

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

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 729763

1. Entity Name
GREAT DANE CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business
**721 N. 72 TERRACE
HOLLYWOOD, FL 33024-5830 US**

Mailing Address
**721 N. 72 TERRACE
HOLLYWOOD, FL 33024-5830 US**



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1794478

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAIFORD, DIANE L
721 N 72ND TERRACE
HOLLYWOOD, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAIFORD, DIANE
STREET ADDRESS	721 N 72ND TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	SD
NAME	SNEDAKER, PAM
STREET ADDRESS	721 N 72ND TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	T
NAME	RATHBONE, SUE
STREET ADDRESS	16394 EDINBURGH DR E
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V
NAME	O'CONNOR, ANDREA
STREET ADDRESS	PO BOX 8013
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	D
NAME	SIMMONS, TINA
STREET ADDRESS	1064 PINE BRANCH DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33326
TITLE	D
NAME	HIGGINS, MARIA
STREET ADDRESS	12940 WILTON RD
CITY-ST-ZIP	N PALM BEACH, FL 33408

U00000395777
01/27/06-80006-007 61.25

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IN THIS SPACE**

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: *Diane Raiford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06 954-963-9839
Date Daytime Phone #