

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 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**



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1794478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000605261
01/30/07-80029-011 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Date

954-963-9839

Daytime Phone #