

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90087 040 ****61.25

DOCUMENT # 747609

1. Entity Name

448 COMMUNITY CLUB, INC.



Principal Place of Business

**16024 CR 448
TAVARES FL 32778
US**

Mailing Address

**28103 LOIS DRIVE
TAVARES FL 32778
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2008027

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

**GOODE, JUDITH A
28103 LOIS DRIVE
TAVARES FL 32778**

Name **SUZETTE WOOD**

Street Address (P.O. Box Number is Not Acceptable)

28947 SANDY LANE

City **TAVARES**

FL

Zip Code

32778

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

Suzette M. Wood

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

(NOTE: Registered Agent signature required when reinstating)

3-9-05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **VPD** ☐ Delete
NAME **ALWARD, KENNETH L**
STREET ADDRESS **28009 LOIS DR**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **P** ☒ Change ☐ Addition
NAME **ARLENE ALWARD**
STREET ADDRESS **28009 LOIS DR.**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **SD** ☐ Delete
NAME **APPLEBY, STACIE T**
STREET ADDRESS **29127 DEERFIELD LN**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **V** ☒ Change ☐ Addition
NAME **JIMMIE J. HIXON**
STREET ADDRESS **28832 TAMMI DR.**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **TD** ☐ Delete
NAME **GOODE, JUDITH A**
STREET ADDRESS **28103 LOIS DRIVE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **S** ☐ Change ☒ Addition
NAME **HARILYN ADLER**
STREET ADDRESS **28940 WILLIAMS WOODS RD.**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **PD** ☐ Delete
NAME **HIXON, JIMMIE J**
STREET ADDRESS **28832 TAMMI DR**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **T** ☐ Change ☒ Addition
NAME **SUZETTE WOOD**
STREET ADDRESS **28947 SANDY LANE**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Suzette M. Wood **SUZETTE M. WOOD**

3-9-05

Date

Daytime Phone #