

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 011 ****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

28947 SANDY LAKE
TAVARES, FL 32778
45



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 (10/05)

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

WOOD, SUZETTE
28947 SANDY LAKE
TAVARES FL 32778

Name

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

City

FL

Zip Code

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

FILE NOW: 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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE T ☒ Change ☐ Addition
NAME SUZETTE WOOD
STREET ADDRESS 28947 SANDY LAKE
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 ☐ Change ☐ Addition
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 exemptions contained in Section 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]

2-15-2006