

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 004 ****75.00

DOCUMENT # 763891

1. Entity Name
LAKE WORTH VILLAGE COMMUNITY CLUB, INC.



Principal Place of Business
**5160 LAKE WORTH ROAD
LAKE WORTH, FL 33463**

Mailing Address
**5160 LAKE WORTH ROAD
LAKE WORTH, FL 33463**

54073397



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08312004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2241152

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HOPSON, JEAN
4303 GRETCHEN PL
LAKE WORTH, FL 33463**

Name **Joan Allen**
Street Address (P.O. Box Number is Not Acceptable)
4337 EDWINA LN

Lot 497

City **LAKE WORTH** FL Zip Code **33463**

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.

Joan Allen
(NOTE: Registered Agent signature required when reinstating)

9-17-04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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 **BUTLER, FRANCES**
STREET ADDRESS **4336 EDWINA LN**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **VP** ☐ Delete
NAME **KETCHUM, CHRISTINE**
STREET ADDRESS **4437 EDWINA LN**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **S** ☒ Delete
NAME **BREWER, MARIA**
STREET ADDRESS **4366 MINERVA DR**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **T** ☐ Delete
NAME **ALLEN, JOAN**
STREET ADDRESS **4337 EDWINA LANE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **D** ☐ Delete
NAME **HUTCHINSON, ROY**
STREET ADDRESS **4438 VIOLA DR**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **D** ☒ Delete
NAME **IMMEDIATO, PETER**
STREET ADDRESS **4173 CONRAD CIRCLE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Armand Duverger**
STREET ADDRESS **4370 Evelyn PL**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **Director** ☐ Change ☒ Addition
NAME **Cy Gomer**
STREET ADDRESS **4303 Sunset Dr**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **Pat Happel - Director** ☒ Change ☒ Addition
NAME **4611 MARKS WAY**
STREET ADDRESS **LAKE WORTH 33463**

TITLE **Director** ☐ Change ☒ Addition
NAME **Adela Samsel**
STREET ADDRESS **4171 Logan Circle**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **Director** ☐ Change ☐ Addition
NAME **Joanne Munda**
STREET ADDRESS **4540 MARKS WAY**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

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:

Frances Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-04
Date

Daytime Phone #

Attachment

54073397
Dr. # 763891

Due to Hurricane this is the first we
Received these papers. Enclosed is check.
Let us know if we owe anymore money.

Thank you

Francis M. Butler