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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770052** (9)

1. Corporation Name

WOMAN'S CLUB OF WILTON MANORS, INC.

Principal Place of Business

Mailing Address

**600 NORTHEAST 21ST COURT
WILTON MANORS FL 33305**

**600 NORTHEAST 21ST COURT
WILTON MANORS FL 33305**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/31/1983

4. FEI Number

59-1104211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**RUMIN, EDWARD R
2720 E. OAKLAND PARK BLVD.
SUITE 106
FORT LAUDERDALE FL 33306**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEAVER, LOUOMA	
STREET ADDRESS	5201 NE 32ND AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VENGROWSKY, LEE	
STREET ADDRESS	6000 NE 22ND WAY / #50	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, GWEN	
STREET ADDRESS	2012 NE 4 AVE.	
CITY-ST-ZIP	WILTON MANORS FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, MARIAN	
STREET ADDRESS	2224 NE 19 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	NOLAN, SOPHIE	
STREET ADDRESS	671 SW 6ST., APT 401	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARRO, BETTY	
STREET ADDRESS	119 NE 19TH CT / #G-111	
CITY-ST-ZIP	WILTON MANORS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	GWEN THOMPSON	
1.4 CITY-ST-ZIP	2012 N.E. 4 AVE WILTON MANORS FL. 33305	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP- VICE PRESIDENT	
2.3 STREET ADDRESS	HOUSTON, MARIAN	
2.4 CITY-ST-ZIP	2224 N.E. 19th AVE WILTON MANORS FL. 33305	

3.1 TITLE	VP, VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHABOT, MARGARET	
3.3 STREET ADDRESS	2011 N.E. 3rd Terrace	
3.4 CITY-ST-ZIP	WILTON MANORS FL. 33305	

4.1 TITLE	RS. Recording Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WIPPLINGER, PHYLLIS	
4.3 STREET ADDRESS	1801 N.E. 23rd Ave	
4.4 CITY-ST-ZIP	Fort Lauderdale FL 33305	

5.1 TITLE	CS Corresponding Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RUSSELL, SADIE	
5.3 STREET ADDRESS	1628 N.E. 16th Terrace	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33305	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ATREASURER	
6.3 STREET ADDRESS	MYERS, ADELIN K	
6.4 CITY-ST-ZIP	5740 N.E. 20th St. Apt 01 WILTON MANORS FL. 33305	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Adeline K. Myers (ADELINE K. MYERS)** 7 Feb. 1998 (954) 516-5779

CP2E037 (10/97)