

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 770052**

1. Entity Name

WOMAN'S CLUB OF WILTON MANORS, INC.**FILED****Jan 21, 2002 8:00 am**
Secretary of State

01-21-2002 90005 010 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1104211

Applied For

☒ Not Applicable5. 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

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

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HOUSTON, MANCAN**
STREET ADDRESS **2224 NE 19TH AVE**
CITY-ST-ZIP **WILTON MANORS FL 33305**TITLE **Pres.** ☐ Change ☐ Addition
NAME **HOUSTON, MARIAN**
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **VENGROSKY, LEE**
STREET ADDRESS **6000 NE 22 WAY APT 5C**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **GERARD, MARY**
STREET ADDRESS **140 NE COURT E 117**
CITY-ST-ZIP **WILTON MANORS FL 33305**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **140 N.E. 19TH COURT**
CITY-ST-ZIPTITLE **FS** ☐ Delete
NAME **GREENFIELD, MARGARET**
STREET ADDRESS **1940 NE 2ND AVE 103J**
CITY-ST-ZIP **WILTON MANORS FL 33305**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CS** ☐ Delete
NAME **WIRTCH, KITTY**
STREET ADDRESS **1418 NE 18TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**TITLE ☐ Change ☐ Addition
NAME **DROULLARD, ESTHER**
STREET ADDRESS **900 River Reach Drive**
CITY-ST-ZIP **FT. LAUDERDALE 33315**TITLE **TD** ☐ Delete
NAME **MYERS, ADELINE K**
STREET ADDRESS **520 NE 20TH ST APT. 107**
CITY-ST-ZIP **WILTON MANORS FL 33305**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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)