

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K43921 (1)  
1. Corporation Name  
WOMEN'S CLUB OF COCONUT CREEK, INC.



Principal Place of Business  
C/O REBECCA TOOLEY  
4411 COCONUT CREEK BLVD  
COCONUT CR FL 33066

Mailing Address  
C/O REBECCA TOOLEY  
4411 COCONUT CREEK BLVD  
COCONUT CR FL 33066

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 90 Cindy Delance  
Suite, Apt. #, etc.  
22 4400 NW 4 St.  
City & State  
23 Coconut Creek, FL  
Zip  
24 33066 Country  
25 USA

2a. Mailing Address  
26 90 Cindy Delance  
Suite, Apt. #, etc.  
27 4400 NW 4 St.  
City & State  
28 Coconut Creek FL  
Zip  
29 33066 Country  
30 USA

3. Date Incorporated or Qualified  
11/07/1988

4. FEI Number  
59-1911858

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent  
TOOLEY, REBECCA ANN  
4411 COCONUT CR BLVD  
COCONUT CREEK FL FL 33066

10. Name and Address of New Registered Agent  
81 Name Cynthia M. Delance  
82 Street Address (P.O. Box Number is Not Acceptable)  
4400 NW 4 Street  
83  
84 City Coconut Creek FL 85 Zip Code 33066

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Cynthia M. Delance* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DELANCE, CINDY	
STREET ADDRESS	4400 NW 4TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	REESE, PATTY	
STREET ADDRESS	4110 N 8TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HYSELL, DEBORAH	
STREET ADDRESS	4470 NW 6TH CT	
CITY-ST-ZIP	COCONUT CR FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BRANDT, RUTH	
STREET ADDRESS	3950 NW 4 CT	
CITY-ST-ZIP	COCONUT CR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cynthia M. Delance	
1.3 STREET ADDRESS	4400 NW 4 Street	
1.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shirley Monti	
2.3 STREET ADDRESS	4110 NW 10 Street	
2.4 CITY-ST-ZIP	Coconut Creek FL 33066	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cynthia Leonard	
3.3 STREET ADDRESS	4421 NW 4 Street	
3.4 CITY-ST-ZIP	Coconut Creek FL 33066	
4.1 TITLE	Treasurer - Barbara Evans	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4400 NW 4 Street	
4.3 STREET ADDRESS	Coconut Creek FL 33066	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cynthia M. Delance* 1/28/98 954-970-8646

CR2E034 (10/97)