

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 048 ****61.25

DOCUMENT # N00000000608

1. Entity Name
HISTORICAL SOCIETY OF PARKLAND FLORIDA INC.



Principal Place of Business
**6600 UNIVERSITY DR.
PARKLAND, FL 33067**

Mailing Address
**6600 UNIVERSITY DR.
PARKLAND, FL 33067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1048501

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOCKHOLD, H J
7373 N.W. 82ND TERRACE
PARKLAND, FL 33067-1099**

7. Name and Address of New Registered Agent

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 state if applicable

(NOTE: Registered Agent signature required when: reinstating)

DATE

**Filing 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 PD ☐ Delete
NAME **BOCKHOLD, HAROLD**
STREET ADDRESS **7373 N.W. 82ND TER.,**
CITY-ST-ZIP **PARKLAND, FL**

TITLE ☐ Delete
NAME **BOCKLADD, JULIE R**
STREET ADDRESS **7373 NW 82ND TERR**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ Delete
NAME **SVPD**
STREET ADDRESS **DENAHAN, WALTER**
CITY-ST-ZIP **6900 NW 83RD TERR**
PARKLAND, FL 33007

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **BOCKLADD JULIE R**
STREET ADDRESS **7373 NW 82ND TERR**
CITY-ST-ZIP **PARKLAND FL 33067**

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

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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 Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/19/06 954
972 7700**