

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90032 025 ****61.25

DOCUMENT # N00000001185

1. Entity Name
ADDISON RESERVE WOMEN'S CLUB, INC.



Principal Place of Business
**7283 SARIMENTO PLACE
DELRAY BEACH, FL 33446**

Mailing Address
**7283 SARIMENTO PLACE
DELRAY BEACH, FL 33446**

94036326

2. Principal Place of Business

7769 TRIESTE PLACE

3. Mailing Address

7769 TRIESTE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0979957

Applied For

Not Applicable

Zip

33446

Country

FLORIDA

Zip

33446

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 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 **PD** ☒ Delete
NAME **SOSNOWITZ, BARBARA G**
STREET ADDRESS **7283 SARIMENTO PLACE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **VD** ☒ Delete
NAME **STAR, BERNICE**
STREET ADDRESS **7283 SARIMENTO PLACE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **S** ☒ Delete
NAME **HALPERN, CAROL**
STREET ADDRESS **7283 SARIMENTO PLACE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **TD** ☒ Delete
NAME **SCHWARTZ, GLORIA**
STREET ADDRESS **7283 SARIMENTO PLACE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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 **PD** ☐ Change ☒ Addition
NAME **GLORIA LEVIN**
STREET ADDRESS **7920 L'AQUILA WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VD** ☐ Change ☒ Addition
NAME **GLORIA SCHWARTZ**
STREET ADDRESS **7283 SARIMENTO PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **SD** ☐ Change ☒ Addition
NAME **NATALIE PELAVIN**
STREET ADDRESS **7776 TALAVERA PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **TD** ☐ Change ☒ Addition
NAME **SHARON SCHWEIBISH**
STREET ADDRESS **7769 TRIESTE PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Sharon Schweibish **SHARON SCHWEIBISH**

3/22/04 561-438-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #