

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001185

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



Principal Place of Business
**7769 TRIESTE PLACE
DELRAY BEACH, FL 33446**

Mailing Address
**7769 TRIESTE PLACE
DELRAY BEACH, FL 33446**



03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0979957

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVIN, GLORIA
STREET ADDRESS 7920 L'AQUILA WAY
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE VD
NAME SCHWARTZ, GLORIA
STREET ADDRESS 7283 SARIMENTO PLACE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE SD
NAME PELAVIN, NATALIE
STREET ADDRESS 7776 TALAVERA PLACE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE TD
NAME SCWEIBISH, SHARON
STREET ADDRESS 7769 TRIESTE PLACE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000283991
04/01/05-80050-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Schweibish SHARON SCHWEIBISH, TREAS 3/28/05 561-638-2804