2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001185

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

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

DO NOT WRITE IN THIS SPACE

01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0979957
☐ Applied For
☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	

U00000424219
02/18/06-80039-019 61.25

DO NOT WRITE IN THIS SPACE

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: Sharon Schweibish 2/3/06 561-638-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #