

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90058 023 \*\*\*\*61.25

DOCUMENT # N03000005435

1. Entity Name

SOUTH PLANTATION HIGH SCHOOL PTSO, INC.



Principal Place of Business

Mailing Address

1300 PALADIN WAY  
PLANTATION FL 33317

1300 PALADIN WAY  
PLANTATION FL 33317

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

56-2372322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGONIGLE, JACQUELINE  
6221 BANYAN TERRACE  
PLANTATION FL 33317

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, TRUDI	
STREET ADDRESS	1300 PALADIN WAY	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORKIN, JENNIFER	
STREET ADDRESS	1300 PALADIN WAY	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAZEN, BRITTANY	
STREET ADDRESS	1300 PALADIN WAY	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HATTAWAY, LESLIE	
STREET ADDRESS	1300 PALADIN WAY	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HATTAWAY, MARY	
STREET ADDRESS	1300 PALADIN WAY	
CITY - ST - ZIP	PLATATION FL 33317	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	EARLEY, MICHELLE	
STREET ADDRESS	1300 PALADIN WAY	
CITY - ST - ZIP	PLANTATION FL 33317	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn Flutie	
STREET ADDRESS	1300 Paladin Way	
CITY - ST - ZIP	Plantation, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Flutie	
STREET ADDRESS	1300 Paladin way	
CITY - ST - ZIP	Plantation, FL 33317	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Musgrove	
STREET ADDRESS	1300 Paladin way	
CITY - ST - ZIP	Plantation, FL 33317	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Barbara Flutie / Barbara Flutie

1/31/07

954-323-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #