

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90038 014 ****61.25

DOCUMENT # N03783

1. Entity Name

LAKE CLARKE SHORES GARDEN CLUB, INC.



Principal Place of Business

7400 WEST LAKE DR
WEST PALM BEACH FL 33406
US

Mailing Address

7400 WEST LAKE DR
WEST PALM BEACH FL 33406
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2425146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURK, CAROL T
7400 WEST LAKE DR
WEST PALM BEACH FL 33406

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 type="checkbox"/> Delete
NAME	WINCHESTER, JACKIE	
STREET ADDRESS	1901 CARIBBEAN RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BAZINET, JOSEPHINE	
STREET ADDRESS	1709 ARLINGTON DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FOUNTAIN, LYNN	
STREET ADDRESS	7128 WEST LAKE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	LOGSDON, ANN	
STREET ADDRESS	7798 NEMEC DRIVE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	BURKHARDT, LOIS	
STREET ADDRESS	8128 SEDGEWICK CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BURK, CAROL	
STREET ADDRESS	7400 WEST LAKE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RS
STREET ADDRESS	Di Sesa, Donna
CITY-ST-ZIP	8133 A Sedgewick Ct. West Palm Beach, FL 33406
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	

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:

Carol T. Burk

Carol T. Burk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #