


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90024 003 ****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 | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BURK, CAROL T 7400 WEST LAKE DR WEST PALM BEACH, FL 33406 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <i>Carol T. Burk</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | <i>Carol J. Burk</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | DATE <i>3/15/06</i> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NINCHESTER, JACKIE 1901 CARIBBEAN RD WEST PALM BEACH, FL 33406 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Disesa, Donna 8153 A. Sedgewick Ct. West Palm Beach, FL 33406</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BAZINET, JOSEPHINE 1709 ARLINGTON DR WEST PALM BEACH, FL 33406 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Cavasian, Joyce 2254 Edgewater DR. West Palm Beach, FL 33406</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FOUNTAIN, LYNN 7128 WEST LAKE DR WEST PALM BEACH, FL 33406 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS DISESA, DONNA 8153 A SEDGEWICK CT. WEST PALM BEACH, FL 33406 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Bazinet, Josephine 1709 Arlington DR. West Palm Beach, FL 33406</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CSD BURKHARDT, LOIS 8128 SEDGEWICK CT WEST PALM BEACH, FL 33406 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BURK, CAROL 7400 WEST LAKE DR WEST PALM BEACH, FL 33406 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> |
| 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: <i>Carol J. Burk</i> CAROL T. BURK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <i>3/15/06</i> Daytime Phone # <i>561-9636318</i> | |