


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2425146	Applied For <input type="checkbox"/> Not Applicable
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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**

**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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DISESA, DONNA
STREET ADDRESS	8153 A. SEDGEWICK CT
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	DV
NAME	CANASION, JOYCE
STREET ADDRESS	2254 EDGEWATER DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	DV
NAME	FOUNTAIN, LYNN
STREET ADDRESS	7128 WEST LAKE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	RS
NAME	BAZINET, JOSEPHINE
STREET ADDRESS	1709 ARLINGTON DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	CSD
NAME	BURKHARDT, LOIS
STREET ADDRESS	8128 SEDGEWICK CT
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	DT
NAME	BURK, CAROL
STREET ADDRESS	7400 WEST LAKE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol T. Burk Treasurer

4/12/07 (561) 963-6318