

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03783

FILED
Mar 10, 2009
Secretary of State

Entity Name: LAKE CLARKE SHORES GARDEN CLUB, INC.

Current Principal Place of Business:

7400 WEST LAKE DR
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

7400 WEST LAKE DR
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 59-2425146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAZINET, JOSEPHINE
Address: 1709 ARLINGTON DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DV () Delete
Name: LOGSTON, ANN
Address: 1501 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV () Delete
Name: FOUNTAIN, LYNN
Address: 7128 WEST LAKE DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: RS () Delete
Name: RIGGS, JOLIE
Address: 2092 CARAMBOLO COURT
City-St-Zip: WEST PALM BEACH, FL 33406

Title: CSD () Delete
Name: BURKHARDT, LOIS
Address: 8128 SEDGEWICK CT
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DT () Delete
Name: BURK, CAROL
Address: 7400 WEST LAKE DR
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL T. BURK

DT

03/10/2009

Electronic Signature of Signing Officer or Director

Date