

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002456

FILED
Apr 28, 2009
Secretary of State

Entity Name: LAUDERDALE BY THE SEA GARDEN CLUB INC.

Current Principal Place of Business:

4505 OCEAN BOULEVARD
LAUDERDALE BY THE SEA, FL 33062

New Principal Place of Business:

Current Mailing Address:

4505 OCEAN BOULEVARD
LAUDERDALE BY THE SEA, FL 33062

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASHMAN, CATHERINE A
2220 NE 68TH STREET
FORT LAUDERDALE, FL 333081222 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: CASHMAN, CATHERINE
Address: 2220 NE 68TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V () Delete
Name: LESLIE, NANCY
Address: 3270 AQUA VISTA DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Delete
Name: CLARK, BARBARA
Address: 1915 TERRA MAR DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: S () Delete
Name: VILLATA, CHRISTINE
Address: 1620 S. OCEAN BOULEVARD
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

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:

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: NANCY LESLIE

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date