

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19370

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: THE PARKLAND WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

CYPRESSHEAD CLUBHOUSE  
7501 S. CYPRESSHEAD DRIVE  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5933 W. HILLSBORO BLVD.  
#101  
PARKLAND, FL 33067 US

**New Mailing Address:**

FEI Number: 63-0947050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONAS, ADRIENNE  
6225 NW 74 CT  
PARKLAND, FL 33067 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: PD ( ) Delete  
Name: KISSNER, MARY  
Address: 7810 SEQUOIA LANE  
City-St-Zip: PARKLAND, FL 33067

Title: 1VPD ( ) Delete  
Name: ROWARS, DEBRA  
Address: 6312 NW 72 PLACE  
City-St-Zip: PARKLAND, FL 33067

Title: 2VP ( ) Delete  
Name: BUCHKO, KATHY  
Address: 6150 NW 63RD WAY  
City-St-Zip: PARKLAND, FL 33067

Title: TD ( ) Delete  
Name: HALLENBECK, CAROL  
Address: 6619 NW 78 DRIVE  
City-St-Zip: POMPANO BEACH, FL 33067

Title: CS ( ) Delete  
Name: MCNEELY, KAREN  
Address: 6468 NW 99TH AVE  
City-St-Zip: PARKLAND, FL 33076

Title: FS ( ) Delete  
Name: SCHIMPF, PATTY  
Address: 7360 NW 60TH LANE  
City-St-Zip: PARKLAND, FL 33067

**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 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 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 HALLENBECK

TD

04/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date