


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90563 005 \*\*\*\*61.25

<b>DOCUMENT # N19370</b> 1. Entity Name <b>THE PARKLAND WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>CYPRESSHEAD CLUBHOUSE</b> <b>7501 S. CYPRESSHEAD DRIVE</b> <b>PARKLAND, FL 33067</b>			Mailing Address <b>5933 W. HILLSBORO BLVD.</b> <b>#101</b> <b>PARKLAND, FL 33067 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>63-0947050</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONAS, ADRIENNE</b> <b>6225 NW 74 CT</b> <b>PARKLAND, FL 33067</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	<b>PD</b> <b>HICKMAN, CANDY</b> <input type="checkbox"/> Delete <b>7210 EAST CYPRESSHEAD DRIVE</b> <b>PARKLAND, FL 33067</b>	TITLE	<b>NP</b> <b>Paula McChristian</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6321 NW 38 Way</b> <b>Parkland, FL 33067</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>1VPD</b> <b>ABBOOD, MARIANNE</b> <input checked="" type="checkbox"/> Delete <b>7362 NW 58 WAY</b> <b>PARKLAND, FL 33067</b>	TITLE	<b>2VP</b> <b>Pat mirabello</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10977 NW 61 CT</b> <b>Parkland, FL 33076</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>2VP</b> <b>MONACO, SARI</b> <input checked="" type="checkbox"/> Delete <b>6520 NW 57 LANE</b> <b>PARKLAND, FL 33067</b>	TITLE	<b>3VP</b> <b>Becky Eikevik</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6781 NW 117 AVE</b> <b>Parkland, FL 33067</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>TD</b> <b>GUTTVEG, MICHELLE</b> <input type="checkbox"/> Delete <b>5884 NW 79 WAY</b> <b>PARKLAND, FL 33067</b>	TITLE	<b>4VP</b> <b>JULIE FERNANDEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6556 NW 97 Dr.</b> <b>Parkland, FL 33067</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>CS</b> <b>RICCARDI, FRAN</b> <input type="checkbox"/> Delete <b>7822 NW 62 TERRACE</b> <b>PARKLAND, FL 33067</b>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>FS</b> <b>MCDONOUGH, CHRISTINE</b> <input checked="" type="checkbox"/> Delete <b>7900 REDWOOD LANE</b> <b>PARKLAND, FL 33067</b>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>Michelle Guttveg</i>		<b>4/27/05 954.340.9200</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			