2007 NOT-FOR-PROFIT CORPORATION

May 02, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N19370 05-02-2007 90073 024 ****61.25 1. Entity Name THE PARKLAND WOMAN'S CLUB, INC. Principal Place of Business Mailing Address CYPRESSHEAD CLUBHOUSE 5933 W. HILLSBORO BLVD. 7501 S. CYPRESSHEAD DRIVE #101 PARKLAND, FL 33067 PARKLAND, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chq-NP CR2E037 (12/06) 4. FEI Number 63-0947050 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONAS, ADRIENNE 6225 NW 74 CT Street Address (P.O. Box Number is Not Acceptable) PARKLAND, FL 33067 Zip Code FI 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 reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-10. 11. PD ☐ Delete HLE TITLE ☐ Addition BECK, DEBBY NAME NAME STREET ADORESS 7008 HIALEAH CT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33067 CITY-ST-ZIP 2VP TITLE ☐ Delete TITLE V D Change ☐ Addition DOUGLAS, LINDA NAME NAME 9908 SUNDANCE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33067 CITY-ST-ZIP ☐ Delete Change TITEF TITLE Addition BEDUSA, DAWN NAME NAME 6220 NW 58 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33067 CITY-ST-ZIP TITLE Delete IIILE SD Change ☐ Addition CS NAME GIMBEL, JUDY NAME 10727-B LADY PALM I N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE ☐ Delete TITLE VD Change ☐ Addition MIRABELLO PAT NAME NAME STREET ADDRESS 10977 NW 61 CT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33076 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **▼**Addition Grabelsky, Cindy NAME MALEF 6390 NW 41st Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Coconut Creek, 12. I hereby certify that the information supplied with this filling 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

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changed, or on an attachine

SIGNATURE: