


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20442 (2) 1. Corporation Name OAKLAND PARK WOMAN'S CLUB					
Principal Place of Business P.O. BOX 23694 OAKLAND PARK FL 33334 US			Mailing Address P.O. BOX 23694 OAKLAND PARK FL 33334 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/01/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 16-0643615	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WEAVER, MARY A. 750 SE 3RD AVENUE SUITE 200 FT. LAUDERDALE FL 33316				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				10. Name and Address of New Registered Agent	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DP ZAVOLA, FORSTER (PRES)				1.2 NAME	
STREET ADDRESS 1789 N.W. 35TH ST.				1.3 STREET ADDRESS	
CITY-ST-ZIP OAKLAND PARK FL				1.4 CITY-ST-ZIP zip 33334	
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DVP WOODBINE, HELENE				2.2 NAME DVPS New Title	
STREET ADDRESS 5267 NORTH DIXIE HWY				2.3 STREET ADDRESS	
CITY-ST-ZIP OAKLAND PARK FL				2.4 CITY-ST-ZIP zip 33334	
TITLE <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DS HYDER, VIRGINIA				3.2 NAME	
STREET ADDRESS 2101 NE 29TH COURT				3.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL				3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME T HYDER, VIRGINIA				4.2 NAME	
STREET ADDRESS 2101 N.E. 29TH CT.				4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL				4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CS HYDER, VIRGINIA				5.2 NAME	
STREET ADDRESS 2101 N.E. 29TH CT.				5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL				5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME VO LAVERATT, MARY				6.2 NAME New Title: DT	
STREET ADDRESS 1748 N.E. 36TH ST.				6.3 STREET ADDRESS	
CITY-ST-ZIP OAKLAND PARK FL				6.4 CITY-ST-ZIP zip 33334	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Zavola Forster President 4/20/98 (954) 281-4591					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/97)