

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 028 ****61.25

DOCUMENT # N31974

1. Entity Name

TALLOWWOOD SOCIAL CLUB, INC.



Principal Place of Business

6463 NW 32 AVENUE
COCONUT CREEK FL 33073
US

Mailing Address

ST. PETER ROSEMARY
WILDERMUTH RAYMOND
3607 NW 67TH ST.
COCONUT CREEK FL 33073-3287
US



2. Principal Place of Business

3. Mailing Address

6548 N.W. 33 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

COCONUT CREEK

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

33073

BROWARD

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2918844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SQUIRE, STEVEN F.
625 N.E. THIRD AVENUE
FT. LAUDERDALE FL 3304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | NEIMAN, HELEN | |
| STREET ADDRESS | 6592 NW 35TH AVE | |
| CITY-ST-ZIP | POMPANO BEACH FL 33073 | |
| TITLE | 1VP | <input checked="" type="checkbox"/> Delete |
| NAME | HASSELLTINE, CHARLES | |
| STREET ADDRESS | 1587 NW 37 AVE. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | D2VP | <input checked="" type="checkbox"/> Delete |
| NAME | DELVECCHIO, EVO | |
| STREET ADDRESS | 3611 NW 64TH COURT | |
| CITY-ST-ZIP | POMPANO BEACH FL 33073 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SIMPSON, SHEILA | |
| STREET ADDRESS | 6538 NW 37TH AVE. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | WILDERMUTH, RAYMOND | |
| STREET ADDRESS | 3607 NW 67TH ST. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACKER, EDWARD | |
| STREET ADDRESS | 6527 N.W. 34 AVE | |
| CITY-ST-ZIP | COCONUT CREEK, FL. 33073 | |
| TITLE | 1VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLASS, DONALD | |
| STREET ADDRESS | 6519 N.W. 32 AVE | |
| CITY-ST-ZIP | COCONUT CREEK, FL. 33073 | |
| TITLE | 2VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HORSEFORD LENNY | |
| STREET ADDRESS | 6539 N.W. 37 AVE | |
| CITY-ST-ZIP | COCONUT CREEK, FL 33073 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOYON, GLORIA | |
| STREET ADDRESS | 6586 N.W. 36TH AVE | |
| CITY-ST-ZIP | COCONUT CREEK, FL. 33073 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST. PETER ROSEMARY | |
| STREET ADDRESS | 6548 N.W. 33 AVE | |
| CITY-ST-ZIP | COCONUT CREEK, FL. 33073 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE: *Rosemary St Peter*

4/29/05

954-596-2681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #