

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90145 025 ****61.25

DOCUMENT # N31974

1. Entity Name

TALLOWOOD SOCIAL CLUB, INC.



Principal Place of Business

6463 NW 32 AVENUE
COCONUT CREEK FL 33073
US

Mailing Address

ST. PETER ROSEMARY
6548 NW 33 AVE
POMPANO BEACH FL 33073
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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
NAME
STREET ADDRESS
CITY- ST- ZIP
P
ACKER, EDWARD
6527 NW 34 AVE
COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1VP
GLASS, DONALD
6519 NW 32 AVE
COCONUT CREEK FL 33073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1VP
RABOIN, PAMELA
6549 N.W. 33 AVE
COCONUT CREEK, FL 33073 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
2VP
HORSEFORD, LENNY
6539 NW 37 AVE
COCONUT CREEK FL 33073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
2VP
DAVILA, JOHANNA
6530 N.W. 36 AVE
COCONUT CREEK, FL 33073 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
DAVON, GLORIA
6586 NW 36TH AVE
COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
DOYON, GLORIA
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
ST. PETER, ROSEMARY
6548 NW 33 AVE
COCONUT CREEK FL 33073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
MAXSON, CRAWFORD
3329 N.W. 66 ST.
COCONUT CREEK, FL 33073 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosemary St Peter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

954-596-2681