

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90008 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N34560

1. Corporation Name  
**PARK LAKE WOMANS SOCIAL CLUB, INC.**

Principal Place of Business  
 108 E LAKESHORE DR  
 HALLANDALE FL 33009  
 US

Mailing Address  
 108 E LAKESHORE DR  
 HALLANDALE FL 33009  
 US



\* 2 9 290157 N 1 5 7 1 \*

|                                |                     |                     |                     |   |                               |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>10/06/1989   |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0114871   | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |                               |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                               |
| 24                             | Country             | 29                  | Country             |   |                               |

|  |  |  |  |  |  |    |                      |
|--|--|--|--|--|--|----|----------------------|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent |  |    |                      |
| <del>BIVONA, GAENETT D<br/>                 108 E LAKESHORE DRIVE<br/>                 HALLANDALE FL 33009</del> |  |  |  | 81   | Name<br>Lucy Hazelton  |    |                      |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable)<br>124 MARINE DR. |    |                      |
|  |  |  |  | 83   | <del>Park Lake, FL</del>   |    |                      |
|  |  |  |  | 84   | City<br>HALLANDALE   | 85 | Zip Code<br>FL 33009 |

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.

SIGNATURE Lucy Hazelton DATE 3/30/99

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | VD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DESIMONE, ALICE                               | 1.2 NAME  |  |
| STREET ADDRESS             | 427 MARINE DR                                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HALLANDALE FL                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | IOVINE, EDITH                                 | 2.2 NAME  |  |
| STREET ADDRESS             | 167 MARINE CIRCLE                             | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HALLANDALE FL                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FALKNER EVELYN                                | 3.2 NAME  |  |
| STREET ADDRESS             | 108 MARLINE LAKE DR.                          | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HALLANDALE FL                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIVONA, GAENETT D                             | 4.2 NAME  | LUCY HAZELTON  |
| STREET ADDRESS             | 108 EAST LAKESHORE DR.                        | 4.3 STREET ADDRESS                                    | 124 MARINE DRIVE   |
| CITY-ST-ZIP                | HALLANDALE FL                                 | 4.4 CITY-ST-ZIP                                       | HALLANDALE FL 33009  |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

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, with all other like empowered.

SIGNATURE: Lucy Hazelton DATE 3/2/99 DAYTIME PHONE # 954-985-8161

CR2E037 (1/198)