2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2004 8:00 am **Secretary of State** DOCUMENT # N34560 1. Entity Name 02-06-2004 90009 013 \*\*\*\*61.25 PARK LAKE WOMANS SOCIAL CLUB, INC. Principal Place of Business Mailing Address 108 E LAKESHORE DR HALLANDALE FL 33009 125 MARINE LAKE DRIVW HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 65-0114871 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAZELTON, LUCY 124 MARINE DRIVE HALLANDALE FL 33009 300 9 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition IOVINE, EDITH NAME NAME 167 MARINE CIRCLE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP PD Johnson, Carol 516 LaxesHore Drive HAIIANdele, Fl. 33609 TITLE ☐ Delete TITI F ☐ Addition JOHNSON, CAROL NAME NAME 516 LAKE SHORE DRIVE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FALKINER EVELYN NAME NĀME 108 MARLINE LAKE DR. STREET ADDRESS STREET ADDRESS HALLANDALE FL CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE HAZEITON, LOCY 125 MARINELAKE Dr. ☐ Addition HAZELTON, LUCY NAME 125 MARINE LAKE DRIVE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 HA/landa/e F/ 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C(TY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of 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

R DIRECTOR

changed, or on an attachment w

SIGNATURE:

FILED