

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

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90079 025 ****61.25

DOCUMENT # N34560
 1. Entity Name
PARK LAKE WOMANS SOCIAL CLUB, INC.



Principal Place of Business: **108 E LAKESHORE DR HALLANDALE FL 33009 US**
 Mailing Address: **125 MARINE LAKE DRIVW HALLANDALE FL 33009 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **65-0114871** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Name and Address of Current Registered Agent: **HAZELTON, LUCY 125 MARINE DR. HALLANDALE FL 33009**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ (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: V NAME: IOVINE, EDITH STREET ADDRESS: 167 MARINE CIRCLE CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: Edith Iovine Pres. NAME: IOVINE, EDITH STREET ADDRESS: 167 MARINE CIR. CITY-ST-ZIP: Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: JOHNSON, CAROL STREET ADDRESS: 516 LAKE SHORE DRIVE CITY-ST-ZIP: HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete	TITLE: Blanche Silva VP NAME: SILVA, BLANCHE STREET ADDRESS: 114 Key So. Dr. CITY-ST-ZIP: Hallandale, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: FALKNER EVELYN STREET ADDRESS: 108 MARLINE LAKE DR. CITY-ST-ZIP: HALLANDALE FL	<input checked="" type="checkbox"/> Delete	TITLE: Helen Gilberto Sec. NAME: GILBERTO, HELEN STREET ADDRESS: 102 Key Drive South CITY-ST-ZIP: Hallandale, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: HAZELTON, LUCY STREET ADDRESS: 125 MARINE LAKE DRIVE CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: Lucy Hazelton Treas. NAME: HAZELTON, LUCY STREET ADDRESS: 125 Marine Lake Dr. CITY-ST-ZIP: Hallandale, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Mary Visco 2nd VP NAME: VISCO, MARY STREET ADDRESS: 102 Marine Lake Dr. CITY-ST-ZIP: Hallandale, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lucy Hazelton* DATE: *2/3/05* DAYTIME PHONE #: *954-985-4370*