


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

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/05)
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: _____ 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: *Lucy Hazelton* DATE: *1/24/06*

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

TITLE	P	<input type="checkbox"/> Delete
NAME	IOVINE, EDITH	
STREET ADDRESS	167 MARINE CIRCLE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLANCHE, SILVA	
STREET ADDRESS	114 KEY SO DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILBERTE, HELEN	
STREET ADDRESS	102 KEY DRIVE SOUTH	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAZELTON, LUCY	
STREET ADDRESS	125 MARINE LAKE DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	VISCO, MARY	
STREET ADDRESS	102 MARINE LAKE DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lucy Hazelton* DATE: *1/24/06*