

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/06)

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # N34560</b>  |  |  |  | <b>1. Entity Name</b><br>PARK LAKE WOMANS SOCIAL CLUB, INC.  |  |
| <b>Principal Place of Business</b><br>108 E LAKESHORE DR<br>HALLANDALE FL 33009<br>US |  | <b>Mailing Address</b><br>125 MARINE LAKE DRIVW<br>HALLANDALE FL 33009<br>US |  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                 |  | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt #, etc.  |  | Suite, Apt #, etc.   |  |  |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b>  |  | <b>4. FEI Number</b><br>65-0114871   |  |
| Zip   |  | Country  |  | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applied For</b>         |  |
| Zip   |  | Country  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |  |  |  |    |
|---|--|--|--|--|----|
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b> |  |    |
| HAZELTON, LUCY<br>125 MARINE DR.<br>HALLANDALE FL 33009 |  |  | Name   |  |    |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |
|   |  |  | City   |  | FL |

**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: *1/29/07*

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                       |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |  |
|----------------------------|-----------------------|---------------------------------|--|---|--|--|--|
| TITLE                      | P                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | IOVINE, EDITH         |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 167 MARINE CIRCLE     |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | VP                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | BLANCHE, SILVA        |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 114 KEY SO DR         |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | S                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | GILBERTE, HELEN       |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 102 KEY DRIVE SOUTH   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | T                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | HAZELTON, LUCY        |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 125 MARINE LAKE DRIVE |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | 2VP                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | VISCO, MARY           |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 102 MARINE LAKE DR    |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       |                       |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                       |                                 |  | 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: *1/29/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR