

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2009
Secretary of State**

DOCUMENT# N34560

Entity Name: PARK LAKE WOMANS SOCIAL CLUB, INC.

Current Principal Place of Business:

108 E LAKESHORE DR
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

125 MARINE LAKE DRIVW
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-0114871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZELTON, LUCY
125 MARINE DR.
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IOVINE, EDITH
Address: 167 MARINE CIRCLE
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: BLANCHE, SILVA
Address: 114 KEY SO DR
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: GILBERTE, HELEN
Address: 102 KEY DRIVE SOUTH
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: HAZELTON, LUCY
Address: 125 MARINE LAKE DRIVE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TISI, JENNIE
Address: 125 WEST LAKE SHORE DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY HAZELTON

T

02/16/2009

Electronic Signature of Signing Officer or Director

Date