


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90075 027 ****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

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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
124 MARINE DRIVE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 NAME	V IOVINE, EDITH	<input type="checkbox"/> Delete
STREET ADDRESS	167 MARINE CIRCLE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE NAME	T SCIME, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	413 LAKESHORE DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE NAME	SD FALKNER EVELYN	<input type="checkbox"/> Delete
STREET ADDRESS	108 MARLINE LAKE DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE NAME	PD HAZELTON, LUCY	<input type="checkbox"/> Delete
STREET ADDRESS	125 MARINE LAKE DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Treasurer JOHNSON, CAROL HALLANDALE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	#516 LAKE SHORE DRIVE FL 33009	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED *Carol Johnson* **Jan 8-03** **954-961 5202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)