

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90017 008 \*\*\*\*61.25

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01262005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N36823</b> 1. Entity Name <b>BOYNTON WOMAN'S CLUB</b>					
Principal Place of Business <b>1010 S FEDERAL HWY</b> <b>BOYNTON BEACH, FL 33425 US</b>			Mailing Address <b>P.O. BOX 1135</b> <b>BOYNTON BEACH, FL 33425</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUFFAN, LEONE A</b> <b>2563 SW 10TH STREET</b> <b>BOYNTON BEACH, FL 33426</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <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"/> Addition	
NAME	OSTIGUY, LILLIAN		NAME		
STREET ADDRESS	10 SAILFISH LANE		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	1VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUONGO, ELEANOR		NAME		
STREET ADDRESS	37 WINCHMORE LN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	2VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRADE, CAROLE		NAME		
STREET ADDRESS	1314 SW 15 CT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VREELAND, ELEANOR		NAME	Elizabeth Webb	
STREET ADDRESS	18 HOLLY DR.		STREET ADDRESS	12139 Forest Green Dr.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach, FL 33439	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKEN, NORMA		NAME		
STREET ADDRESS	5715 FAIRWAY PK DR. #102		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Lillian Ostiguy</i> <span style="float: right;">561-734-6049</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Daytime Phone # 561-369-2300