

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90109 031 ****61.25

DOCUMENT # N42572

1. Entity Name

TOWN AND COUNTRY GARDEN CLUB, INC.



Principal Place of Business

Mailing Address

258 RUTLAND BLVD
WEST PALM BEACH FL 33405-5034
US

258 RUTLAND BLVD
WEST PALM BEACH FL 33405-5034
US



2. Principal Place of Business

914 S. PALMWAY

Suite, Apt., etc.

3. Mailing Address

914 S. Palmway

Suite, Apt., etc.

1st MOORE

CR2E037 (10/04)

City & State

LAKE WORTH, FL

Zip
33460-5106

Country
U.S.A.

City & State

LAKE WORTH, FL

Zip
33460-5106

Country
U.S.A.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOAL, RUTH C
258 RUTLAND BLVD
WEST PALM BEACH FL 33405-5034

7. Name and Address of New Registered Agent

Name **JEAN ADAMS**

Street Address (P.O. Box Number is Not Acceptable)

914 S. PALMWAY

City **LAKE WORTH**

FL

Zip Code
33460-5106

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

Jean Adams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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** ☒ Delete
NAME **BOAL, RUTH**
STREET ADDRESS **258 RUTLAND BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405-5034**

TITLE **V** ☒ Delete
NAME **MORRISSEY, ROSALIE**
STREET ADDRESS **1 B ATRIUM CIRCLE**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **S** ☒ Delete
NAME **KESHIAN, CHARLOTTE**
STREET ADDRESS **232 WELLESLEY DR**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **T** ☒ Delete
NAME **ROXTON, VICTORIA E**
STREET ADDRESS **318 N PALMWAY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Jean Adams**
STREET ADDRESS **914 S. Palmway**
CITY-ST-ZIP **LAKE WORTH, FL 33460-5106**

TITLE **1st V.P.** ☐ Change ☒ Addition
NAME **Hester Tulka**
STREET ADDRESS **148 Gregory Place**
CITY-ST-ZIP **West Palm Beach, FL 33405-5028**

TITLE **2nd V.P.** ☐ Change ☒ Addition
NAME **Rose Marie Bear**
STREET ADDRESS **1015 N. Palmway**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Barbara Heyn**
STREET ADDRESS **1-A Atrium Circle**
CITY-ST-ZIP **ATLANTIS, FL 33462-1105**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Martha Wright**
STREET ADDRESS **630 S. "M" Street**
CITY-ST-ZIP **LAKE WORTH, FL 33460-4916**

TITLE ☐ Change ☐ Addition
NAME
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:

Jean Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05