

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N48385

1. Entity Name
THE GRASS RIVER GARDEN CLUB, INC.



Principal Place of Business
**3 PINE LANE EAST
VILLAGE OF GOLF, FL 33436**

Mailing Address
**3 PINE LANE EAST
VILLAGE OF GOLF, FL 33436**



03262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0649315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOH. ERIK EDWARD ESQ
4600 N. OCEAN BLVD.
SUITE 206
BOYNTON BEACH, FL 33435**

**DO NOT WRITE
IN THIS SPACE**

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 reconstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P SUTTER, HELEN
STREET ADDRESS	2 PAR CLUB CIRCLE
CITY-ST-ZIP	VILLAGE OF GOLF, FL 33436
TITLE NAME	2VP EMBREE, MARY
STREET ADDRESS	10223 QUAIL COVEY RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE NAME	T BLUNT, SUSAN
STREET ADDRESS	3 PINE LN EAST
CITY-ST-ZIP	VILLAGE OF GOLF, FL 33436
TITLE NAME	CS DARLING, ANN
STREET ADDRESS	2150 SOUTH OCEAN BLVD SUITE 7G
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE NAME	RST MUSE, KAREN
STREET ADDRESS	31 COUNTRY RD SOUTH
CITY-ST-ZIP	VILLAGE OF GOLF, FL 33436
TITLE NAME	1VP BORGER, NANCY
STREET ADDRESS	790 ANDREWS AVENUE #C-202
CITY-ST-ZIP	DELRAY BEACH, FL 33483

U00000632951
04/05/07-80023-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan Blunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07
Date

561-739-9781
Daytime Phone #