

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90219 031 ****61.25

DOCUMENT # N49724

1. Entity Name
KIWANIS CLUB OF PALM BEACH GARDENS, FLORIDA, INC.



Principal Place of Business
**1224 US HWY ONE
SUITE G
NORTH PALM BEACH, FL 33408**

Mailing Address
**1224 US HWY ONE
SUITE G
NORTH PALM BEACH, FL 33408**

00001004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0349489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLS, DAVE
4655 SQUARE LAKE DR.
PALM BEACH GARDENS, FL 33418**

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 re-registering)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **RYFF, JOHN**
STREET ADDRESS **HER BL FIN ADVISORS/11300 USHWY 1 STE 600**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **P** ☐ Delete
NAME **ROMANS, NINA**
STREET ADDRESS **3399 PGA BLVD STE 400**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☒ Delete
NAME **SPRUILL, KEITH**
STREET ADDRESS **4400 PGA BLVD.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **KNAPP, CAROL**
STREET ADDRESS **2400 PGA BLVD - # 1 5510 PGA BLVD, STE 213**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33408 33418**

TITLE **T** ☐ Delete
NAME **GORDON, PATRICIA**
STREET ADDRESS **1224 US HWY ONE STE G**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☒ Delete
NAME **DANIELS, ROSEMARY**
STREET ADDRESS **THE WEISS SCHOOL/4176 BURNS RD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Andre Varona**
STREET ADDRESS **N.P.B. Chamber of Commerce**
CITY-ST-ZIP **3470 RCA BLVD # 7010
Palm Beach Gardens, FL 33410**

TITLE **D** ☐ Change ☒ Addition
NAME **Larry Fox**
STREET ADDRESS **209 Lone Pine Dr.**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **S** ☐ Change ☐ Addition
NAME **Mary Ellen Flaherty**
STREET ADDRESS **300 N Hwy A1A #A204**
CITY-ST-ZIP **Jupiter, FL 33477-4539**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **Maribeth Lenz**
STREET ADDRESS **16112 E. Cheltenham Dr**
CITY-ST-ZIP **Loxahatchee, FL 33470**

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 or without other line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

561-622-7401