

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N50098

1. Entity Name
PARKLAND FRIENDS OF THE LIBRARY, INC.



Principal Place of Business
**6600 UNIVERSITY DRIVE
PARKLAND, FL 33067**

Mailing Address
**6600 UNIVERSITY DRIVE
PARKLAND, FL 33067**

DO NOT WRITE IN THIS SPACE



03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0354700** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYES, L. SUSAN
6600 UNIVERSITY DRIVE
PARKLAND, FL 33067**

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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CUTLER, KENNETH**
STREET ADDRESS **6600 UNIVERSITY DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **VP**
NAME **GOLDMAN, IRA**
STREET ADDRESS **6600 UNIVERSITY DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **T**
NAME **WINSHIP, ELSIE**
STREET ADDRESS **6600 UNIVERSITY DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **D**
NAME **BUSIGEN, CHARLETT**
STREET ADDRESS **6600 UNIVERSITY DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **S**
NAME **HILL, LYNNE**
STREET ADDRESS **6600 UNIVERSITY DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **VP**
NAME **LANZILLA, JOYCE**
STREET ADDRESS **6600 UNIVERSITY DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

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04/27/06-80099-015 61.25

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IN THIS SPACE**

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: Elsie A. Winship Elsie A. Winship, Treas. 04/11/2006 954-755-1287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #