

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003215**

1. Entity Name  
**GOLD COAST AUXILIARY #3700, INC.**



Principal Place of Business  
**560 N.E. 36 STREET  
OAKLAND PARK, FL 33334**

Mailing Address  
**560 N.E. 36 STREET  
OAKLAND PARK, FL 33334**



01312005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1713515**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SABOURIN, SHARON  
560 NE 36 ST  
OAKLAND PARK, FL 33334**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

100000232207  
02/16/05-80065-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PETERSEN, DIANNE
STREET ADDRESS	1556 NE 36 ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	OWENS, DONNA
STREET ADDRESS	15655 42 RD. N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	STRANGHOENER, URSULA
STREET ADDRESS	1641 N.E. 54 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Donna Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-10-2005*  
Date

*954-565-6605*  
Daytime Phone #