2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N95000004847 1. Entity Name 04-18-2006 90088 014 ****61.25 WOMEN'S CLUB OF BANYAN SPRINGS, INC. Principal Place of Business Mailing Address 10780 CEDAR POINT BLVD. 10780 CEDAR POINT BLVD **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIFKIN, BERNIÇE Street Address (P.O. Box Number is Not Acceptable) 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437 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 reinstating) FILE NOW: FEE IS \$61.25 Due: By May 1, 2006 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete TITLE Schnartz Elaine R. 10007 Hickorywood Place Bornton Grack, FL 33437 Polshera Beverly 10110 Cadar Point Blod #304 SCHWARTZ, ELAINE R NAME NAME STREET ADDRESS 10007 HICKORYWOOD PLACE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP ☐ Delete X Addition TITLE WOLFE, BARBARA NAME NAME STREET ADDRESS 10107 MANGROVE DR. # 205 STREET ADDRESS Boyston Beach, FL 33437 **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP **D**elete TITLE TITLE ☐ Change Addition NAME FLARMAN, BARBARA NAME STREET ADDRESS 10110 CEDAR PT. BLVD. # 105 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition ADELMAN, BABE NAME NAME 10092 CEDAR POINT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Delete TITLE ☐ Change ■ Addition BLATMAN, HARRIET NAME NAME 10027 53RD WAY SOUTH #1901 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MINDEL, NAOMI

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

10174 MANGROVE DR

BOYNTON BEACH FL 33437

Sarkara Surliara Wolfe.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED