

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90193 024 ****61.25

DOCUMENT # N95000005310

1. Entity Name

**COLLEGE GARDENS NEIGHBORHOOD ASSOCIATION,
INC.**



Principal Place of Business

**ATTUCKS MIDDLE SCHOOL
HOLLYWOOD FL 33020**

Mailing Address

**P.O. BOX 374
DANIA FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0642461

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

**PETERMAN, JANICE
717 SW 4TH TERRACE
DANIA BEACH FL 33004**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERMAN, JANICE B 717 SW 4TH STREET DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VPD BLACKMAN, BRENDA 718 SW 4TH STREET DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD JONES, ALBERT C 722 S.W. 3RD STREET DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FSD PENN, LUCYE 754 SW 3RD ST DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARMSTRONG, BERNICE 718 S.W. 4TH STREET DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS SMALL, LOUISE 305 J A ELY BLVD. DANIA BEACH FL 33004	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lucye Penn* *Lucye Penn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 *954 927-2383*
Date Daytime Phone #