

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90967 034 \*\*\*\*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

**P.O. BOX 1364**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-NP CR2E037 (10/03)

City & State

City & State  
**DANIA BEACH FL**

4. FEI Number  
**65-0642461**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33004**

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

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

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 PD  
NAME PETERMAN, JANICE B ☐ Delete  
STREET ADDRESS 717 SW 4TH STREET  
CITY-ST-ZIP DANIA, FL 33004

TITLE FSD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 717 SW 4TH TERR  
CITY-ST-ZIP

TITLE 1VPD ☐ Delete  
NAME BLACKMAN, BRENDA  
STREET ADDRESS 718 SW 4TH STREET  
CITY-ST-ZIP DANIA, FL 33004

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

TITLE 2VPD ☐ Delete  
NAME JONES, ALBERT C  
STREET ADDRESS 722 S.W. 3RD STREET  
CITY-ST-ZIP DANIA, FL 33004

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

TITLE FSD ☐ Delete  
NAME PENN, LUCYE  
STREET ADDRESS 754 SW 3RD ST  
CITY-ST-ZIP DANIA, FL 33004

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

TITLE P ☒ Delete  
NAME ARMSTRONG, BERNICE  
STREET ADDRESS 718 S.W. 4TH STREET  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE PD ☐ Change ☒ Addition  
NAME DERRICK HANKERSON  
STREET ADDRESS 746 SW 3 ST  
CITY-ST-ZIP DANIA BEACH FL 33004

TITLE CS ☒ Delete  
NAME SMALL, LOUISE  
STREET ADDRESS 305 J A ELY BLVD.  
CITY-ST-ZIP DANIA BEACH, FL 33004

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

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:

**DERRICK HANKERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29, 2005 (754) 923-3955**  
Date Daytime Phone #