

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001709

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: GARDEN CLUB OF PONCE INLET, INC.

## Current Principal Place of Business:

4670 SOUTH PENINSULA DRIVE  
PONCE INLET, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

4670 SOUTH PENINSULA DRIVE  
PONCE INLET, FL 32127

## New Mailing Address:

FEI Number: 59-2231388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, BERNIE  
4670 S PENINSULA DR  
PONCE INLET, FL 32127 US

## Name and Address of New Registered Agent:

OKHOVATIAN, SHIRLEY A CPA  
4712 S PENINSULA DR  
PONCE INLET, FL 32127 US

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.

SIGNATURE: SHIRLEY A. OKHOVATIAN, CPA

03/16/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAGE, PATRICIA  
Address: 46 S TURN CIR  
City-St-Zip: PONCE INLET, FL 32127

Title: VP ( ) Delete  
Name: HUGGINS, JUDY  
Address: 44 COASTAL OAKS CIRCLE  
City-St-Zip: PONCE INLET, FL 32127

Title: T ( ) Delete  
Name: MCCONNELL, MARY  
Address: 182 OLD CARRIAGE RD  
City-St-Zip: PONCE INLET, FL 32127

Title: S ( ) Delete  
Name: IROIN, WINDI  
Address: 4741 S PENINSULA DR  
City-St-Zip: PONCE INLET, FL 32127

Title: 2VP ( ) Delete  
Name: MCHUGH, FAYE  
Address: 37 LOGGERHEAD COURT  
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete  
Name: BAYER, VIRGINA  
Address: 55 JENNIFER CIR  
City-St-Zip: PORT INLET, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: OLIVE, LENA  
Address: 3 KELLY BEA CT  
City-St-Zip: PONCE INLET, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARIETTA, DONNA  
Address: 95 BEACH STREET  
City-St-Zip: PORCE INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A. OKHOVATIAN, CPA

RA

03/16/2006

Electronic Signature of Signing Officer or Director

Date