

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001709

FILED
Feb 19, 2008
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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: REDINGER, MARY
Address: 139 ANCHOR DRIVE
City-St-Zip: PONCE INLET, FL 32127

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

Title: 2VP () Delete
Name: IRVIN, WINI
Address: 4741 SOUTH PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: MARIETTA, DONNA
Address: 95 BEACH STREET
City-St-Zip: PONCE 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: T (X) Change () Addition
Name: CAPUTO, MONICA
Address: 39 COASTAL OAKS CIRCLE
City-St-Zip: PONCE INLET, FL 32127

Title: S (X) Change () Addition
Name: REDINGER, MARY ANN
Address: 139 ANCHOR DRIVE
City-St-Zip: PONCE INLET, FL 32127

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

Title: D (X) Change () Addition
Name: BASKIN, MOLLY
Address: 36 COASTAL OAKS CIRCLE
City-St-Zip: PONCE INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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: MONICA CAPUTO

T

02/19/2008

Electronic Signature of Signing Officer or Director

Date