

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 016 ****61.25

DOCUMENT # N98000001717

1. Entity Name
POLK GOLDEN CLUB OF THE DEAF, INC.



Principal Place of Business
WILLARD MADSEN
7383 BEAUMONT DR
LAKE LAND, FL 33810

Mailing Address
WILLARD MADSEN
7383 BEAUMONT DR
LAKE LAND, FL 33810

00012375



01302006 Chg-NP CR2E037 (11/05)

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
59-3509842

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

MADSEN, WILLARD J
7383 BEAUMONT DR
LAKE LAND, FL 33810

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, 2006

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

TITLE **P** ☐ Delete
NAME **FINE, DANIEL**
STREET ADDRESS **1770 FOX HILL DRIVE**
CITY-ST-ZIP **LAKE LAND, FL 33810**

TITLE **V** ☒ Delete
NAME **GREENFIELD, ELMER**
STREET ADDRESS **1738 FOX HILL DRIVE**
CITY-ST-ZIP **LAKE LAND, FL 33810**

TITLE **S** ☐ Delete
NAME **MADSEN, WILLARD**
STREET ADDRESS **7383 BEAUMONT DR**
CITY-ST-ZIP **LAKE LAND, FL 33810**

TITLE **T** ☐ Delete
NAME **ALLEN, THERESA**
STREET ADDRESS **5975 HIGH GLEN DRIVE**
CITY-ST-ZIP **LAKE LAND, FL 33813**

TITLE **T** ☐ Delete
NAME **MACKLIN, ALBERTA**
STREET ADDRESS **200 E ROBSONS #26**
CITY-ST-ZIP **LAKE LAND, FL 33805**

TITLE **T** ☐ Delete
NAME **LEVINE, HAROLD**
STREET ADDRESS **1111 MARKSTOWN LANE**
CITY-ST-ZIP **LAKE LAND, FL 33811**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **V** ☒ Change ☐ Addition
NAME **Gene Zeni**
STREET ADDRESS **1738 Fox Hill Drive**
CITY-ST-ZIP **LAKE LAND, FL 33810**

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

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

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

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 exemptions contained 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 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:

Willard J. Madsen

WILLARD J. MADSEN

1-29-06

TTY only

(863) 815-7248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #