

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90042 008 \*\*\*\*61.25

**DOCUMENT # 716760**

1. Entity Name

FORT LAUDERDALE GARDEN CLUB, INC.



Principal Place of Business

INC. HUGH TAYLOR BIRCH ST. PARK,  
3109 EAST SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

Mailing Address

P O BOX 4114  
FORT LAUDERDALE FL 33304  
US

**50016173**



1st MOORE

CR2E037 (10/04)

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

59-0816875

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

JONES, PAUL M  
160 CYPRESS CREEK DR. APT 612  
POMPANO BEACH FL 33060

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, 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 HUCKINS, JANE ☐ Delete  
STREET ADDRESS 761 S. FIG TREE LANE  
CITY-ST-ZIP PLANTATION FL 33317-3946

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

TITLE VPD  
NAME FVINKEL, VIRGINIA VY ☐ Delete  
STREET ADDRESS 1739 SE 11TH STREET.  
CITY-ST-ZIP FORT LAUDERDALE FL 33316-1445

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

TITLE SD  
NAME LYNCH, SANDRA ☐ Delete  
STREET ADDRESS 333 SUNSET DRIVE APT 1107  
CITY-ST-ZIP FORT LAUDERDALE FL 33301-2641

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

TITLE TD  
NAME NOLL, DOROTHY ☐ Delete  
STREET ADDRESS 5761 SW 16TH ST.  
CITY-ST-ZIP FORT LAUDERDALE FL 33317-5181

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

TITLE CSD  
NAME LONG, CYNTHIA ☒ Delete  
STREET ADDRESS 6313-3 BAY CLUB DR.  
CITY-ST-ZIP FORT LAUDERDALE FL 33308-1520

TITLE Robyn Robbins ☒ Change ☐ Addition  
NAME 8595 Sunrise Lakes Blvd Apt 309  
STREET ADDRESS Sunrise Fl. 33322-5461  
CITY-ST-ZIP

TITLE ☐ Delete  
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 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:

*Jane Huckins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-05

954-992-1379

Date

Daytime Phone #