2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 10, 2004 8:00 am **Secretary of State DOCUMENT # 758318** 1...Entity Name 🌃 02-10-2004 90022 023 ****61.25 LAKE ARROWHEAD BUSINESS AND SOCIAL CLUB, INC. Principal Place of Business Mailing Address 2860 BUS 41 2860 BUS 41 N FT MEYERS FL 33917 US N FT MEYERS FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0103822 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUNE SO-BOCINSKI KELLER, MARYLOU Street Address (P.O. Box Number is Not Acceptable) 2953 LONGVIEW LN N FORT MYERS FL 33917 LONGTIEW LK. Zip Code ううタリー Myers 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. 2-3-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. X Delete X Change Addition TITLE TITLE TRENTMAN SMITH, BERNICE NAME NAME ORCHARD DR. 3154 LONGVIEW LANE STREET ADDRESS STREET ADDRESS N FT MEYERS FL 33917 33917 H. FT. MYETS, FL CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE ELLIS, ED WOIDA, BOB NAME 3141 ORCHARD DR. 3061 LONGVIEW LANE STREET ADDRESS STREET ADDRESS N FT MEYERS FL 33917 H. FT. Myers, FL CITY-ST-ZIP CITY-ST-ZIP 2299 17 Addition ■ Delete BIKKTOKY, STAN ELLIS, ED - -------NAME NAME 3050 AYTESIAN LN. 3141 ORCHARD DR STREET ADDRESS STREET ADDRESS N. FT. Myers . City-St-ZIE N FORT MYERS FL 33917 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE FELDMANN, LOIS NAME NAME SAME 3080 LONGVIEW LANE STREET ADDRESS STREET ADDRESS N FT MEYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE FISCHER, KAROL NAME NAME 2964 LONGVIEW LANE SAME STREET ADDRESS STREET ADDRESS N FT MEYERS FL 33917 CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete PICARD, NAOMI SAME NAME 3072 LONGVIEW LANE STREET ADDRESS STREET ADDRESS NORTH FT. MYERS FL 33917 CITY-\$T-ZIP 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. 2-3-04 239/656-5695

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED