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

FILED
Aug 02, 2005 8:00 am
Secretary of State
08-02-2005 90033 040 ****61.25

DOCUMENT # 758318

1. Entity Name

LAKE ARROWHEAD BUSINESS AND SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
2860 BUS 41 N FT MEYERS FL 33917 US	2860 BUS 41 N FT MEYERS FL 33917 US

2nd MOORE CR2E037 (5/05)

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 65-0103822 ☐ 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
SOBOCINSKI, JUNE 2960 LONGVIEW LN NORTH FORT MYERS FL 33917	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: June Sobocinski June Sobocinski / Secretary 7/28/05

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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. D OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRENTMAN, JOAN 3142 ORCHARD DR NORTH FORT MYERS FL 33917 P	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SHARON PIERCE 3165 OLD FARMHOUSE DR. N. FT. MYERS, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELLIS, ED 3141 ORCHARD DR NORTH FORT MYERS FL 33917 VP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JUNE SOBOCINSKI 2960 LONGVIEW LN. N.FT. MYERS, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BILLICKY, STAN 3050 ARTESIAN LN NORTH FORT MYERS FL 33917 TD	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LUPA ALLEN 3029 ARTESIAN LN N. FT. MYERS, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FELDMANN, LOIS 3080 LONGVIEW LANE N FT MEYERS FL 33917 X TREASURER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SAM LONGEST 3138 LONGVIEW DR. N. FT. MYERS, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FISCHER, KAROL 2964 LONGVIEW LANE N FT MEYERS FL 33917 D	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THERESA MILLER 3140 INDIAN ~~TRAIL~~ VILLAGE LN. N. FT. MYERS, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PICARD, NAOMI 3072 LONGVIEW LANE NORTH FT. MYERS FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GLORIA DAVISON 3049 RAINDANCE LN. N. FT. MYERS, FL 33917	☐ Change ☒ Addition

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: June Sobocinski 7/28/05 239/656-5695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #