

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758318

FILED
Apr 29, 2011
Secretary of State

Entity Name: LAKE ARROWHEAD BUSINESS AND SOCIAL CLUB, INC.

Current Principal Place of Business:

2860 BUS 41
N FT MEYERS, FL 33917 US

New Principal Place of Business:

3158 LINWOOD DR
N FT MEYERS, FL 33917 US

Current Mailing Address:

2860 BUS 41
N FT MEYERS, FL 33917 US

New Mailing Address:

3158 LINWOOD DR
N FT MEYERS, FL 33917 US

FEI Number: 65-0103822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWKA, BEV
3158 LINWOOD DR
NORTH FORT MYERS, FL 33917 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
Name: BLUMENAUER, ROBERT
Address: 3191 RAINDANCE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP
Name: ALLEN, LURA
Address: 3029 ARTESIAN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S
Name: GRIEBEL, MARY LOU
Address: 3166 LINWOOD DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T
Name: MOWKA, BEV
Address: 3158 LINWOOD DR
City-St-Zip: N FT MEYERS, FL 33917

Title: D
Name: OLDENBUTTEL, GEORGE
Address: 3016 LONGVIEW LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D
Name: LONGEST, SAM
Address: 3138 LONGVIEW DR
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: BEVERLY MOWKA

T

04/29/2011

Electronic Signature of Signing Officer or Director

_____ Date