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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762389** **(5)**

1. Corporation Name

PUNTA GORDA WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
118 SULLIVAN STREET PUNTA GORDA FL 33950 US	P.O BOX 1783 PUNTA GORDA FL 33951-1783

3. Date Incorporated or Qualified: **03/11/1982**
3a. Date of Last Report: **03/11/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P O Box 511783 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-2040620** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WROBBEL, HELEN
8030 RIVERSIDE DR.
PUNTA GORDA FL 33982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WROBBEL, HELEN		1.2 NAME	Kelly, Adella	
STREET ADDRESS	830 RIVERSIDE DR		1.3 STREET ADDRESS	11290 Sixth Avenue	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DAY, KATHERINE		2.2 NAME	Heller, Margaret	
STREET ADDRESS	3830 BAL HARBOR #27		2.3 STREET ADDRESS	24224 Pirate Harbor	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	~~Punta Gorda FL 33955~~	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	KELLY, ADELLA		3.2 NAME	Martin, Jean	
STREET ADDRESS	1041 GERARD CT		3.3 STREET ADDRESS	10303 Burnt Store Road	
CITY-ST-ZIP	PT CHARLOTTE FL		3.4 CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE	T	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	MARTIN, JEAN		4.2 NAME	Swink, Margaret	
STREET ADDRESS	10303 BURNSTONE RD, #158		4.3 STREET ADDRESS	621 Trabue Avenue	
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE	S	☐ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	HELLER, MARGARET		5.2 NAME	Glatt, Alice	
STREET ADDRESS	24224 PIRATE HARBOR		5.3 STREET ADDRESS	24259 Yacht Club Blvd	
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP	Punta GOrda FL 33955	
TITLE	S	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	STONE, V. HELEN		6.2 NAME	Day, Katherine	
STREET ADDRESS	25068 UNIT 4D HARBORVIEW RD		6.3 STREET ADDRESS	3830 Bal Harbor #27	
CITY-ST-ZIP	CHARLOTTE HARBOR FL		6.4 CITY-ST-ZIP	Punta GOrda FL 33950	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Swink REQUIRED Margaret Swink 3/24/96 941 639 3469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067692