


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005848	
1. Entity Name THE OAKS RESIDENT WOMEN'S CLUB, INC.	

Principal Place of Business 301 MACEWEN DR OSPREY, FL 34229	Mailing Address 301 MACEWEN DR OSPREY, FL 34229
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2067236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TROUTMAN, LESLIE
301 MACEWEN DR
OSPREY, FL 34229**

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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 *Leslie Troutman* DATE Feb 10, 2004

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000054562 02/17/04-80001-015 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUTMAN, LESLIE 411 E MACEWEN DR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENDRIZZI, JOAN 377 SUGAR MILL DR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNAPP, ADRIANA 790 LYTHAM CIRCLE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOY, MADELINE 64 BAY HEAD LANE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESO, KATHLEEN 140 BISHOPSCOURT RD OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Leslie Troutman* Leslie Troutman Feb 10, 2004 941/966-6896

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