

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90128 023 \*\*\*\*70.00

DOCUMENT # N02000005848

1. Entity Name

THE OAKS RESIDENT WOMEN'S CLUB, INC.



Principal Place of Business

301 MACEWEN DR  
OSPNEY FL 34229

Mailing Address

301 MACEWEN DR  
OSPNEY FL 34229

2. Principal Place of Business

THE OAKS CLUB

3. Mailing Address

SAME

Suite, Apt. #, etc.

301 Mac Ewen DR

Suite, Apt. #, etc.

City & State

OSPNEY FL

Zip

34229 USA

Zip

Country

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

54-2067236

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TROUTMAN, LESLIE  
301 MACEWEN DR  
OSPNEY FL 34229

7. Name and Address of New Registered Agent

Name

SAME

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 Leslie Troutman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

2/20/06

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HARRINGTON, PAT  
STREET ADDRESS 370 MAC EWEN DRIVE  
CITY-ST-ZIP OSPNEY FL 34229

TITLE VD ☐ Delete  
NAME HOY, SUE  
STREET ADDRESS 911 MAC EWEN DRIVE  
CITY-ST-ZIP OSPNEY FL 34229

TITLE S ☐ Delete  
NAME BARPAL, MARGE  
STREET ADDRESS 472 WEBBS COVE  
CITY-ST-ZIP OSPNEY FL 34229

TITLE T ☐ Delete  
NAME ANNEREN, MARY RUTH  
STREET ADDRESS 69 Bayhead Lane  
CITY-ST-ZIP OSPNEY FL 34229

TITLE D ☐ Delete  
NAME BISULCA, MADDIE  
STREET ADDRESS 642 TRENTON WAY  
CITY-ST-ZIP OSPNEY FL 34229

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 registered agent authorized 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: MARY RUTH ANNEREN

2/20/06 9182314