

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005848

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: THE OAKS WOMEN'S CLUB, INC

## Current Principal Place of Business:

THE OAKS CLUB  
301 MAC EWEN DR  
OSPREY, FL 34229

## New Principal Place of Business:

## Current Mailing Address:

301 MACEWEN DR  
OSPREY, FL 34229

## New Mailing Address:

FEI Number: 54-2067236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLTZEN, DONNA M TREAS  
612 EAGLE WATCH LANE  
OSPREY, FL 34229 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: PRES ( ) Delete  
Name: MOLES, POLLY  
Address: 1701 SANDALWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete  
Name: JOY, MADELINE  
Address: 64 BAY HEAD LANE  
City-St-Zip: OSPREY, FL 34229

Title: SEC ( ) Delete  
Name: SCHOBBER, SUSAN  
Address: 293 TURQUOISE LANE  
City-St-Zip: OSPREY, FL 34229

Title: TRES ( ) Delete  
Name: WOLTZEN, DONNA  
Address: 612 EAGLE WATCH LANE  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: FORCIER, LUCY  
Address: 401 NORTH POINT ROAD #901  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: EVANS, BARBARA  
Address: 232 ST. JAMES PARK  
City-St-Zip: OSPREY, FL 34229

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: JOY, MADELINE  
Address: 64 BAY HEAD LANE  
City-St-Zip: OSPREY, FL 34229

Title: VP (X) Change ( ) Addition  
Name: BISULCA, MADELINE  
Address: 642 TRENTON WAY  
City-St-Zip: OSPREY, FL 34229

Title: SEC (X) Change ( ) Addition  
Name: SCHMIDT, JACQUELYN  
Address: 396 BUNKER HILL  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA WOLTZEN

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date