

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90057 009 ****61.25

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2067236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TROUTMAN, LESLIE**
CITY-ST-ZIP **411 E MACEWEN DR
OSPREY FL 34229**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ENDRIZZI, JOAN**
CITY-ST-ZIP **377 SUGAR MILL DR
OSPREY FL 34229**

TITLE ☐ Change ☒ Addition
NAME **S Patricia Knapp**
STREET ADDRESS **790 Lytham Circle**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **SCHROEDER, HOLLEY**
CITY-ST-ZIP **393 N POINT RD #504
OSPREY FL 34229**

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

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **HILDEBRANT, LUCY**
CITY-ST-ZIP **737 N MACEWEN DR
OSPREY FL 34229**

TITLE ☐ Change ☒ Addition
NAME **Madelaine Joy**
STREET ADDRESS **64 Bay Head Lane**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **STONAKER, ALICE**
CITY-ST-ZIP **432 E MACEWEN DR A
OSPREY FL 34229**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TESO, KATHLEEN**
CITY-ST-ZIP **140 BISHOPSCOURT RD
OSPREY FL 34229**

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 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 **SIGNATURE REQUIRED**

7/15/03

941/966-6896

CR2E037 (4/03)