


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N27098
 1. Entity Name
EXXONMOBIL RETIREE CLUB OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
4525 COUNTRY CLUB BLVD. **4525 COUNTRY CLUB BLVD.**
UNIT #108 **UNIT #108**
CAPE CORAL, FL 33904 US **CAPE CORAL, FL 33904 US**



02252006 No Chg-NP CR2E037 (11/05)

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4. FEI Number **65-0133137** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CALIFANO, PAULINE
4525 COUNTRY CLUB BLVD.
UNIT #108
CAPE CORAL, FL 33904

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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 _____ DATE _____
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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000495168
 04/20/06-80074-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUBER, KENNETH J 3213 GOLFSIDE DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, ROBERT M 179 PURUS STREET PORT CHARLOTTE, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALIFANO, PAULINE 4525 COUNTRY CLUB BLVD., #108 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMBERT, DOROTHY 140 LAS PALMAS N FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMODY, THOMAS 5371 COLONADE CT CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, C. ROBERT 20231 CALICE CT., #2704 ESTERO, FL 33928

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Albert E. Bauggemeier **ALBERT E. BAUGGEMEIER** 4/3/06 (239) 263-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER