


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90101 022 ****61.25

DOCUMENT # N27098

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



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

Mailing Address
 4525 COUNTRY CLUB BLVD.
 UNIT #108
 CAPE CORAL, FL 33904 US

40075979



2. Principal Place of Business - No P.O. Box #
1540 BONITA LANE

3. Mailing Address
1540 BONITA LANE

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip Country
34102 US

Zip Country
34102 US

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

TOBYE, J.T.
1540 BONITA LN.
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

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 X J T Toby **PRESIDENT** **4/18/08**
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$81.25
Due by May 1, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NUBER, KENNETH J	3213 GOLF SIDE DRIVE	NAPLES, FL 34110	<input type="checkbox"/>
SD	DICKINSON, ROBERT M	1490 SAN CRISTOBAL AVE. UNIT A3	PUNTA GORDA, FL 33908	<input checked="" type="checkbox"/>
PD	CALIFANO, PAULINE	4525 COUNTRY CLUB BLVD., #108	CAPE CORAL, FL 33904	<input type="checkbox"/>
D	LAMBERT, DOROTHY	140 LAS PALMAS	N FT MYERS, FL	<input type="checkbox"/>
D	THOMAS, C. ROBERT	20231 CALICE CT., #2704	ESTERO, FL 33928	<input type="checkbox"/>
D				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VICE PRESIDENT	ROBERT WIENER	7099 LONE PINE LANE	NAPLES, FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER, DIRECTOR	ALBERT F. BRUGEMAYER	1370 BALD EAGLE DALE	NAPLES, FL 34105	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: X J T Toby **Pres.** **4/18/08** **239-774-2520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #