

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27098

FILED
Feb 21, 2009
Secretary of State

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

Current Principal Place of Business:

1540 PONITA LANE
NAPLES, FL 34102 US

New Principal Place of Business:

1540 BONITA LANE
NAPLES, FL 34102 US

Current Mailing Address:

1540 PONITA LANE
NAPLES, FL 34102 US

New Mailing Address:

1540 BONITA LANE
NAPLES, FL 34102 US

FEI Number: 65-0133137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TOBYE, I.T.
1540 BONITA LN.
NAPLES, FL 34102 US

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: I.T. TOBYE

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NUBER, KENNETH J
Address: 3213 GOLFSIDE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: DICKINSON, ROBERT M
Address: 1490 SAN CRISTOBAL AVE. UNIT A3
City-St-Zip: PUNTA GORDA, FL 33908

Title: D () Delete
Name: CALIFANO, PAULINE
Address: 4525 COUNTRY CLUB BLVD., #108
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: LAMBERT, DOROTHY
Address: 140 LAS PALMAS
City-St-Zip: N FT MYERS, FL

Title: D () Delete
Name: THOMAS, C. ROBERT
Address: 20231 CALICE CT., #2704
City-St-Zip: ESTERO, FL 33928

Title: TD () Delete
Name: BRUGEMEYER, ALBERT
Address: 1370 BALD EAGLE DRIVE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: CALIFANO, VINCENT SECRETA
Address: 11800 LADY ANNE CIRCLE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D (X) Change () Addition
Name: CALIFANO, PAULINE DIR
Address: 11800 LADY ANNE CIRCLE
City-St-Zip: CAPE CORAL, FL 33904

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: ALBERT E. BRUGEMEYER

TD

02/21/2009

Electronic Signature of Signing Officer or Director

Date