2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200005848

Entity Name: THE OAKS WOMEN'S CLUB, INC

Current Principal Place of Business:

THE OAKS CLUB 301 MAC EWEN DR OSPREY, FL 34229

Current Mailing Address:

301 MACEWEN DR OSPREY, FL 34229

FEI Number: 54-2067236

Name and Address of Current Registered Agent:

NOYES, GLYNIS A 45 OSPREY POINT DRIVE OSPREY, FL 34229 US Certificate of Status Desired: Yes

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 | E GLYNIS A NOYES | | | 03/13/2021 | | |
|---------------------------|--|-----------------|--------------------------|------------|--|--|
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | PAST PRESIDENT | Title | SEC | | | |
| Name | PARTRIDGE, CARLA | Name | PIENTA, KATHLEEN | | | |
| Address | 500 WEBS COVE | Address | 3621 N. POINT DRIVE #602 | | | |
| City-State-Zip: | OSPREY FL 34229 | City-State-Zip: | OSPREY FL 34229 | | | |
| Title | ASST. TREASURER | Title | PRESIDENT | | | |
| Name | MOLPUS, PAMELA | Name | GUIDETTE, KAREN | | | |
| Address | 3603 NORTH POINT ROAD #201 | Address | 845 MACEWEN DRIVE | | | |
| City-State-Zip: | OSPREY FL 34229 | City-State-Zip: | OSPREY FL 34229 | | | |
| Title | OFFICER | Title | VP | | | |
| Name | RILEY, DEBORAH | Name | HRUBY, GAIL | | | |
| Address | 438 MACEWEN DRIVE | Address | 3603 NORTH POINT ROAD | | | |
| City-State-Zip: | OSPREY FL 34229 | City-State-Zip: | OSPREY FL 34229 | | | |
| Title | OFFICER | Title | TREASURER | | | |
| Name | RYZEWICZ, CAROLYN | Name | NOYES, GLYNIS | | | |
| Address | 393 NORTH POINT ROAD #1002 | Address | 45 OSPREY POINTE DRIVE | | | |
| City-State-Zip: | OSPREY FL 34229 | City-State-Zip: | OSPREY FL 34229 | | | |
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I hereby 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 all other like empowered.

| SIGNATURE: GLYNIS A NOYES |
|---------------------------|
|---------------------------|

TREASURER

03/13/2021

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 13, 2021 Secretary of State 3280203557CC

Officer/Director Detail Continued :

| Title | OFFICER | Title | OFFICER |
|-----------------|------------------------|-----------------|----------------------------|
| Name | BYERS, MARTI DR. | Name | GEHRING, BETH |
| Address | 235 OSPREY POINT DRIVE | Address | 550 W. FLAMINGO DRIVE #101 |
| City-State-Zip: | OSPREY FL 34229 | City-State-Zip: | VENICE FL 34285 |
| Title | OFFICER | | |

Address 3603 NORTH POINT ROAD City-State-Zip: OSPREY FL 34229

AYERS, DOREEN

Name