

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24731

Entity Name: FRIENDSHIP CLUB OF WARM MINERAL SPRINGS, INC.

Current Principal Place of Business:

12125 WARM MINERAL SPRINGS DRIVE
WARM MINERAL SPRINGS, FL 34287

Current Mailing Address:

12306 ALTAMIRA ST
NORTH PORT, FL 34287

FEI Number: 65-0093860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARADONNA, MARGHERITA
17327 WINTERGARTEN AVE.
PORT CHARLOTTE, FL 33948 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: MARGHERITA CARADONNA

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ROTH, ERIKA
Address 12306 ALTAMIRA ST
City-State-Zip: NORTH PORT FL 34287

Title SECRETARY
Name ROTH, ANITA
Address 12306 ALTAMIRA ST.
City-State-Zip: NORTH PORT FL 34287

Title 2 VP
Name SCHLOGL, RUTH
Address 18431 MONET AVE.
City-State-Zip: PORT CHARLOTTE FL 33948

Title TD
Name SCHLOGL, FRANK
Address 18431 MONET AVE:
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name PAVEK, MARINA
Address 1515 FOREST NELSON BVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title ASST. TREASURER
Name LAVERDIERE, GERDA
Address 15033 LAKELAND CIRCLE
SOUTH GULF COVE
City-State-Zip: PORT CHARLOTTE FL 33981

Title VP
Name CARUSO, GISELTRUD
Address 3620 STAGHORN AVE.
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR
Name STILLER, DAVID
Address 12309 ALTAMIRA ST.
City-State-Zip: WARM MINERAL SPRINGS FL 34287

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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: FRANK SCHLOGL

TREASURER

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name CARADONNA, MARGHERITA
Address 17327 WINTERGARTEN AVE.
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name VOLPE, TONY
Address 5494 S. SALFORD BLVD.
City-State-Zip: NORTH PORT FL 34287