

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24731

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**1917362269CC**

**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:**

ROTH, FRITZ  
12306 ALTAMIRA ST  
WARM MINERAL SPRINGS, FL 34287 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:** \_\_\_\_\_

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 VP  
Name HESELER, INGRID  
Address 4433 PERSIAN LN:  
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 DLUGOSINSKI, JIM  
Address 4443 PERSIAN LN.  
City-State-Zip: NORTH PORT FL 34287

Title DS  
Name WECKER, SHIRLEY  
Address 6885 AMOKO CT.  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name WECKER, WILLIAM  
Address 6885 AMOKO CT.  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name HESELER, WALTER  
Address 4433 PERSIAN LN.  
City-State-Zip: NORTH PORT FL 34287

**Continues on page 2**

*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

TD

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name DLUGOSINSKI, KAREN  
Address 4443 PERSIAN LN.  
City-State-Zip: NORTH PORT FL 34287

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