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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732804**

1. Corporation Name
ROTONDA-WEST WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
CAPE HAZE DRIVE #3754 COMMUNITY BUILDING ROTONDA WEST FL 33947 US	213 FAIRWAY PLACE C/O JOANN SMITH ROTONDA WEST FL 33947 US

2. Principal Place of Business	2a. Mailing Address
21 3754 Cape Haze Dr	26 3754 Cape Haze Dr
22 Suite, Apt. #, etc.	27 C/o Jo Ann Smith
23 City & State: Rotonda West, FL	28 City & State: Rotonda West, FL
24 Zip: 33947 25 Country: USA	29 Zip: 33947 30 Country: USA

3. Date Incorporated or Qualifed: 05/20/1975

4. FEI Number: 59-2239825 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MANLEY, DOROTHY H.
27 HORTON AVE. E.
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: Jo Ann Smith
82 Street Address (P.O. Box Number is Not Acceptable): 213 FAIRWAY RD
83
84 City: Rotonda **FL** 85 Zip Code: 33947

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jo Ann Smith — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSSOUW, TRUDY		1.2 NAME		
STREET ADDRESS	36 MARK TWAIN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL 33947		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOECKING, LYNN		2.2 NAME		
STREET ADDRESS	238 MARINER LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PREZLER, ELAINE		3.2 NAME		
STREET ADDRESS	86 MARINER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL 33947		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRENTIS, GERRI		4.2 NAME		
STREET ADDRESS	193 FAIRWAY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 00000 FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENDRY, CLAIRE		5.2 NAME		
STREET ADDRESS	252 BUNKER ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	MANLEY, DOROTHY		6.2 NAME	Jo Ann Smith	
STREET ADDRESS	27 HORTON AVE E		6.3 STREET ADDRESS	213 Fairway Rd	
CITY-ST-ZIP	ENGLEWOOD FL		6.4 CITY-ST-ZIP	Rotonda, FL 33947	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Ann Smith — 4/22/99 — 941 697-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

CR2E037 (11/98)