

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 044 ****61.25

DOCUMENT # 732804 1. Entity Name GFWC ROTONDA WEST WOMAN'S CLUB, INC.					
Principal Place of Business 3754 CAPE HAZE DR. ROTONDA WEST, FL 33947 US			Mailing Address 47 LONG MEADOW PLACE ROTONDA WEST, FL 33947 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2239825	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARTZ, SUZANNE K 47 LONG MEADOW PLACE ROTONDA WEST, FL 33947			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	AT ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	WINE, BONNIE		NAME		
STREET ADDRESS	6 GOLFVIEW TERRACE		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP		
TITLE	P ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	PRESTON, JANET		NAME		
STREET ADDRESS	6551 B HAMLET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	V ☐ Delete		TITLE	President ☒ Change ☐ Addition	
NAME	ULLRICH, CAROL		NAME		
STREET ADDRESS	1 BUNKER WAY		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BYERS, MARY LOU		NAME		
STREET ADDRESS	32 MARINER LANE		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ARTZ, SUZANNE K		NAME		
STREET ADDRESS	47 LONG MEADOW PLACE		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP		
TITLE	T ☒ Delete		TITLE	Asst. Treasure ☐ Change ☒ Addition	
NAME	MCNEILL, DOLORES		NAME	Doris Richards	
STREET ADDRESS	168 CADDY ROAD		STREET ADDRESS	62 Broadmoor Lane	
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP	Rotonda West FL 33947	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Suzanne K. Artz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/21/06 941 657-5591 Date Daytime Phone #		