

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90101 047 \*\*\*\*61.25

<b>DOCUMENT # 736777</b> 1. Entity Name <b>DANA SHORES WOMAN'S CLUB, INC.</b>			
Principal Place of Business <b>3916 EDEN ROCK CIRCLE TAMPA, FL 33634 US</b>		Mailing Address <b>3916 EDEN ROCK CIR. W. TAMPA, FL 33634</b>	
2. Principal Place of Business <b>3932 E. Eden Roc Cir. (Same)</b>		3. Mailing Address <b>(Same)</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tampa FL 33634</b>		City & State <b>(Same)</b>	
Zip <b>33634</b>		Zip <b>(Same)</b>	
Country <b>USA</b>		Country <b>(Same)</b>	
4. FEI Number <b>59-3102100</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SARDEGNA, JO C 3916-EDEN ROCK CIRCLE WEST TAMPA, FL 33634</b>		7. Name and Address of New Registered Agent Name <b>VeeAnn D. Mahdich</b> Street Address (P.O. Box Number is Not Acceptable) <b>3932 E. Eden Roc Cir</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33634</b>	
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 <u><i>VeeAnn D. Mahdich</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3-30-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD VEITH, AMY 3957 DORAL TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD VEEANN MAHDICH 3932 EDEN ROCK CIRCLE Tampa FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD SARDEGMA, JO 3916 EDEN ROCK CIRCLE WEST TAMPA, FL 33634</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD JO SARDEGMA 3916 Eden Roc Cir W. (Same)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1VD VINCENT, NORMA 3924 AMERICAN A TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1VD MARIA PETTERSON 3939 DORAL DR TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2VD SINCROPE, BEA 3946 CORAL BEACH TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2VD CARLA Markowitz 3936 DORAL DR Tampa FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>RS DAVIDSON, LAURA 3946 VERSAILLES TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>RS DONNA BERGNER 3940 DORAL DR Tampa FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CS GINGEOLD, RENEE 3920 VERSAILLES TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CS RENEE CARUSO 3934 Versailles Dr Tampa FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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.			
<b>SIGNATURE: <u>VeeAnn Mahdich - Pres. (VeeAnn Mahdich)</u> 3/30/05 (813)889-0445</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			