

FILED
Apr 07, 2008 08:00 A
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 736777

1. Entity Name
DANA SHORES WOMAN'S CLUB, INC.



Principal Place of Business
**3932 E EDEN ROC CIR
TAMPA, FL 33634 US**

Mailing Address
**3932 E EDEN ROC CIR
TAMPA, FL 33634 US**



03062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3102100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAHDICH, VEEANN D
3932 E EDEN ROCK CIRCLE
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

1100000886085

04/18/08-80042-008 61.25

**Filing Fee is \$81.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAHDIEH, VEEANN
STREET ADDRESS 3932 EDEN ROC CIR E
CITY-ST-ZIP TAMPA, FL 33634

TITLE TD
NAME MAWN, BETTINA
STREET ADDRESS 3915 VERSAILLES DR
CITY-ST-ZIP TAMPA, FL 33634

TITLE 1VD
NAME PETTERSON, MARIA
STREET ADDRESS 3939 DORAL DR
CITY-ST-ZIP TAMPA, FL 33634

TITLE 2VD
NAME MARKOWITZ, CARLA
STREET ADDRESS 3938 DORAL DR
CITY-ST-ZIP TAMPA, FL 33634

TITLE RS
NAME VIVINO, MISSY
STREET ADDRESS 3909 EDEN ROC CR. W.
CITY-ST-ZIP TAMPA, FL 33634

TITLE CS
NAME HORNER, NATALIE
STREET ADDRESS 3930 FONTAINEBLEAU DR.
CITY-ST-ZIP TAMPA, FL 33634

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08