

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90032 036 \*\*\*\*61.25

**DOCUMENT # 758318**

1. Entity Name  
**LAKE ARROWHEAD BUSINESS AND SOCIAL CLUB, INC.**



Principal Place of Business  
**2860 BUS 41  
N FT MEYERS, FL 33917 US**

Mailing Address  
**2860 BUS 41  
N FT MEYERS, FL 33917 US**

**40010233**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-0103822**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SOBOCINSKI, JUNE  
2960 LONGVIEW LN  
NORTH FORT MYERS, FL 33917**

7. Name and Address of New Registered Agent

Name **LA COSTE, BETTY LOU**  
Street Address (P.O. Box Number is Not Acceptable)  
**3173 BUNNY RUN DRIVE**  
City **NORTH FORT MYERS, FL** Zip Code **33917**

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 *Betty Lou LaCoste*

**BETTY LOU LACOSTE**

**2-3-07**

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, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRENTMAN, JOAN 3142 ORCHARD DR NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERCE, SHARON 3165 OLD FARM HOUSE DR NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOBOCINSKI, JUNE 2960 LONEYLEW LN NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOWKA, BEV 3158 LINWOOD DR N FT MEYERS, FL 33917 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, LURA 3029 ARTESIAN LN NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGEST, SAM 3138 LONGVIEW DR NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERCE, SHARON 3165 Old Farmhouse DR. NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, LURA 3029 Artesian Lane NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LA COSTE, BETTY LOU 3173 BUNNY RUN DRIVE NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLDENBUTEL, GEORGE 3016 LONGVIEW LANE NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Betty Lou LaCoste*

**BETTY LOU LACOSTE**

**239-656-6866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-07**

Date

Daytime Phone #

ATTACHMENT 40010239

Untitled

DOCUMENT #758318

**LAKE ARROWHEAD BUSINESS & SOCIAL CLUB, INC.**

**FEI NUMBER 65-0103822**

**2007 ANNUAL REPORT**

**PAGE 2**

**BLOCK 11.**

**D**

**SIME, JACK**

**3141 RUNNING DEER DRIVE**

**NORTH FORT MYERS, FL 33917**

**D**

**MILLER, THERESA**

**3140 INDIAN VILLAGE LANE**

**NORTH FORT MYERS, FL 33917**

**D**

**TRENTMAN, JOAN**

**3142 ORCHARD DRIVE**

**NORTH FORT MYERS, FL 33917**