

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758318

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAKE ARROWHEAD BUSINESS AND SOCIAL CLUB, INC.

Current Principal Place of Business:

2860 BUS 41
N FT MEYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

2860 BUS 41
N FT MEYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0103822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACOSTE, BETTY LOU
3173 BUNDY RUN DRIVE
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

MOWKA, BEV
3158 LINWOOD DR
NORTH FORT MYERS, FL 33917 US

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.

SIGNATURE: BEV MOWKA

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PIERCE, SHARON
Address: 3165 OLD FARMHOUSE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP () Delete
Name: ALLEN, LURA
Address: 3029 ARTESIAN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S () Delete
Name: LACOSTE, BETTY LOU
Address: 3173 BUNNY RUN DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T () Delete
Name: MOWKA, BEV
Address: 3158 LINWOOD DR
City-St-Zip: N FT MEYERS, FL 33917

Title: D () Delete
Name: OLDENBUTTEL, GEORGE
Address: 3016 LONGVIEW LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: LONGEST, SAM
Address: 3138 LONGVIEW DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLUMENAUER, ROBERT
Address: 3191 RAINDANCE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GRIEBEL, MARY LOU
Address: 3166 LINWOOD DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEV MOWKA

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date