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Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762487 (7)

1. Corporation Name

HERNANDO BEACH WOMEN'S CLUB, INC.

Principal Place of Business

Mailing Address

C/O KATHLEEN LONERGAN  
4120 CAMELIA DRIVE  
HERNANDO BEACH FL 34607C/O KATHLEEN LONERGAN  
4120 CAMELIA DRIVE  
HERNANDO BEACH FL 34607-3303

3. Date Incorporated or Qualified

03/18/1982

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2177848

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONERGAN, KATHLEEN F  
4120 CAMELIA DRIVE  
HERNANDO BEACH FL 34607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | P                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | JURGENS, DOROTHY  |  |
| STREET ADDRESS | 8083 SHALON DRIVE |  |
| CITY-ST-ZIP    | SPRING HILL FL    |  |

|                    |                          |   |
|--------------------|--------------------------|---|
| 1.1 TITLE          | SECRETARY                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | ELLIOTT, Alice           |   |
| 1.3 STREET ADDRESS | 4493 Haiti Drive         |   |
| 1.4 CITY-ST-ZIP    | Hernando Beach, FL 34607 |   |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | RUSSELL, HELEN         |                                 |
| STREET ADDRESS | 3359 GARDEN DR.        |                                 |
| CITY-ST-ZIP    | HERNANDO BCH. FL 34607 |                                 |

|                    |  |   |
|--------------------|--|---|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |   |
| 2.3 STREET ADDRESS |  |   |
| 2.4 CITY-ST-ZIP    |  |   |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | S                 | <input type="checkbox"/> DELETE |
| NAME           | BOHN, CAROL       |                                 |
| STREET ADDRESS | 4163 ORCHID DRIVE |                                 |
| CITY-ST-ZIP    | HERNANDO BEACH FL |                                 |

|                    |                 |  |
|--------------------|-----------------|--|
| 3.1 TITLE          | ASST SECY/TREAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                 |  |
| 3.3 STREET ADDRESS |                 |  |
| 3.4 CITY-ST-ZIP    |                 |  |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | CARPENTER, MARIE       |                                 |
| STREET ADDRESS | 4346 FLEXER DR.        |                                 |
| CITY-ST-ZIP    | HERNANDO BCH. FL 34607 |                                 |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | VP                    | <input type="checkbox"/> DELETE |
| NAME           | DAMATO, THERESA       |                                 |
| STREET ADDRESS | 4109 GULF COAST DR.   |                                 |
| CITY-ST-ZIP    | HERNANDO BCH FL 34607 |                                 |

|                    |           |  |
|--------------------|-----------|--|
| 5.1 TITLE          | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |           |  |
| 5.3 STREET ADDRESS |           |  |
| 5.4 CITY-ST-ZIP    |           |  |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | T                    | <input type="checkbox"/> DELETE |
| NAME           | LONERGAN, KATHLEEN F |                                 |
| STREET ADDRESS | 4120 CAMELIA DRIVE   |                                 |
| CITY-ST-ZIP    | HERNANDO BEACH FL    |                                 |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-ZIP    |  |   |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KATHLEEN F. LONERGAN  
Treas. 1-23-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066436

CR2E037 (9/96)