2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: $^{\Lambda}$

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2004 8:00 am Secretary of State **DOCUMENT # 762487** 1. Entity Name 02-18-2004 90016 018 ****61.25 HERNANDO BEACH WOMEN'S CLUB, INC. Principal Place of Business Mailing Address C/O KATHLEEN LONERGAN C/O KATHLEEN LONERGAN 4120 CAMELIA DRIVE 4120 CAMELIA DRIVE HERNANDO BEACH FL 34607 HERNANDO BEACH FL 34607 Principal Place of Business Mailing Address WR AGG Hannah annah CR2E037 (11/03) Applied For 4. FEI Number 59-2177848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USF Fee Required Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent LONERGAN, KATHLEEN F Street Address (P.O. Box Number is Not Acceptable) 4120 CAMELIA DRIVE HERNANDO BEACH FL 34607 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 ! DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE **⊠** Delete TITLE ELLIOTT, ALICE RODRIGUEZ, Iris Drive NAME NAME 4493 HAITI DR STREET ADDRESS STREET ADDRESS HERNANDO BEACH FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ■ Addition ☐ Delete TITLE KRABEL, JANE NAME NAME 4124 DAISY DR STREET ADDRESS STREET ADDRESS HERNANDO BCH FL 34607 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE BREEDEN, BETTY NAME NAME 3161 FLAMINGO BLVD STREET ADDRESS STREET ADDRESS HERNANDO BEACH FL 33607 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE ILE Gan on Gardenia D'AMATO, THERESA NAME NAME Drive 4109 GULF COAST DRIVE STREET ADDRESS STREET ADDRESS HERNANDO BEACH FL 34607 FL 34607 xnundo Beach. CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE LONERGAN, KATHLEEN F WRAGG NAME NAME 4120 CAMELIA DRIVE STREET ADDRESS 75 STREET ADDRESS HERNANDO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE DIEHL, META NAME NAME 7452 SHEPHERD AVENUE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-7IP 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.

FILED

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