2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

DOCUMENT # 762487 1. Entity Name HERNANDO BEACH WOMEN'S CLUB, INC.				01-30-2006 90	0072 029 ****61.25	5	
Principal Place of Business C/O CHERYL LABBE C/O CHERYL L		34607	1 10 10 11	112 6114 Junio 8188 15416 1	101 GITH TIBH TITH BIGH FIRH BI		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.			01272006	Chg-NP	CR2E037 (11/05)		
City & State	City & State		4. FEI Num 59-21	ber 77848		pplied For ot Applicable	
Zip Country	Zìp	Country	5. Certifica	te of Status Desired	\$8.75 Add		
6. Name and Address of Current	Registered Agent	Nome		d Address of New	Registered Agent		
URAGG, HANNAH 4375 1ST ISLE DRIVE HERNANDO BEACH, FL 34607			Name CHERYL LABBE Street Address (P.O. Box Number is Not Acceptable) 4.3.88 77				
		City	ERNANDO	BEAC	Zip Coo	e 607	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registered office of	r registered agent, or b	oth, in the State of F			
SIGNATURE Chery Labber	TREASURER	CA	ERYL LA.	BBE	1/28/06		
Signature, typed of inted name of registered agent	and title if applicable. (NOTE:	: Registered Agent signs	ture required when reinstating)		DATE		
Signature, typed (Sinted hame of registered agent Filling Fee is \$61.25 Due by May 1, 2006		paign Financing	\$5.00 May Added to Fee	DO	Make check payable torida Department of S		
Filing Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DI	9. Election Cam Trust Fund C	paign Financing ontribution.	S5.00 May Added to Fee	Flo	orida Department of S	N 10	
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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 THE ASCURE SIGNATURE AND PERSON OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06 352-596-7655