

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762487

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** HERNANDO BEACH WOMEN'S CLUB, INC.

**Current Principal Place of Business:**

C/O CHERYL LABBE  
4388 7TH ISLE DR  
HERNANDO BEACH, FL 34607

**New Principal Place of Business:**

C/O SILVIA DUKES  
4234 CAMELIA DRIVE  
HERNANDO BEACH, FL 34607

**Current Mailing Address:**

C/O CHERYL LABBE  
4388 7TH ISLE DR  
HERNANDO BEACH, FL 34607

**New Mailing Address:**

C/O SILVIA DUKES  
4234 CAMELIA DRIVE  
HERNANDO BEACH, FL 34607

**FEI Number:** 59-2177848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABBE, CHERYL  
4388 7TH ISLE DR  
HERNADO BCH, FL 34607 US

**Name and Address of New Registered Agent:**

DUKES, SILVIA  
4234 CAMELIA DRIVE  
HERNADO BCH, FL 34607 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: SILVIA DUKES

04/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAYES, CAROLE  
Address: 2368 EVENGLOW AVE  
City-St-Zip: SPRING HILL, FL 34609

Title: D  
Name: CASSELL, ANGELA  
Address: 8489 ATHENS CT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D  
Name: ROWLAND, PATRICIA  
Address: 4375 7TH ISLE  
City-St-Zip: HERNANDO BEACH, FL 33607

Title: D  
Name: BOWERFIND, BERNIE  
Address: 3320 MINNOW CREEK  
City-St-Zip: HERNANDO BCH, FL 34607

Title: T  
Name: DUKES, SILVIA  
Address: 4234 CAMELIA DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: D  
Name: ELSEBOUGH, ANNA  
Address: 3350 MINNOW CIRCLE  
City-St-Zip: HERNANDO BEACH, FL 34607

I hereby 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 all other like empowered.

SIGNATURE: SILVIA DUKES

T

04/13/2010

Electronic Signature of Signing Officer or Director

Date