


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 765767		
1. Entity Name THE WOMAN'S COMMUNITY CLUB OF FORT MYERS, FLORIDA, INC.		
Principal Place of Business P.O. BOX 6972 FT MYERS, FL 33911	Mailing Address P.O. BOX 6972 FT MYERS, FL 33911	



02182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1293689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEUBERT, KAREN T 2975 MCGREGOR BLVD. FORT MYERS, FL 33901	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEUBERT, KAREN 2975 MCGREGOR BLVD. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARLO, ELOISE 5553 SHADDELEE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, SANDEE 1338 JAMBALANA LN. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURKERT, CONNIE 1111 SHADOW LN. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000833942
02/28/08-80032-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Connie Burkert 2/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #