## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004319

FILED Mar 01, 2008 Secretary of State

Entity Name: HUNGARIAN-AMERICAN CLUB OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6590 HUNTINGTON LAKES CIRCLE #104 NAPLES, FL 34119 **New Mailing Address: Current Mailing Address:** 6590 HUNTINGTON LAKES CIRCLE #104 NAPLES, FL 34119 FEI Number: 03-0413134 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOBOS, FRANK E 6590 HÚNTINGTON LAKES CIRCLE #104 NAPLES, FL 34119 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DOBOS, FRANK Name: DOBOS, FRANK Name: Address: 6590 HUNTINGTON LAKES CIRCLE Address: 6590 HUNTINGTON LAKES CIRCLE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: Title: () Delete () Change () Addition GRAEBNER, JOSEPH Name: Name: Address: 306 SAWGRASS CT Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition HABLY, EDWARD Name: Name: 831 100 AVE N Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete Name: KODA, JULIA Name: SULLIVAN, PATRICIA Address: 1238 14TH AVENUE N. Address: 8610 EL MIRASOL DR City-St-Zip: NAPLES, FL 34102 City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD HABLY TD 03/01/2008