

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004319

FILED
Feb 10, 2009
Secretary of State

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

Current Principal Place of Business:

6590 HUNTINGTON LAKES CIRCLE
#104
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

6590 HUNTINGTON LAKES CIRCLE
#104
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 03-0413134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECIL, JEFFREY ESQ
5801 PELICAN BAY BLVD.
STE. 300
NAPLES, FL 341082709 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DOBOS, FRANK
Address: 6590 HUNTINGTON LAKES CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: GRAEBNER, JOSEPH
Address: 306 SAWGRASS CT
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: HABLY, EDWARD
Address: 831 100 AVE N
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: SULLIVAN, PATRICIA
Address: 8610 EL MIRASOL DR
City-St-Zip: FORT MYERS, FL 33967

Title: D () Delete
Name: HERMANN, JOHN
Address: 10303 BURNT STORE RD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: LEIDLI, JOHN
Address: 1680 SANCTUARY POINTE CT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KEPNER, MARIA
Address: 1400 GULF SHORE BLVD N. #211
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/10/2009

Electronic Signature of Signing Officer or Director

Date