

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90060 043 ****61.25

DOCUMENT # N01000007298

1. Entity Name

CARROLLWOOD AREA WOMEN'S CLUB, INC.



Principal Place of Business

4152 BRENTWOOD PARK CIRCLE
TAMPA FL 33624

Mailing Address

4152 BRENTWOOD PARK CIRCLE
TAMPA FL 33624

2. Principal Place of Business

5007 PALOMA DR

3. Mailing Address

5007 PALOMA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

TAMPA

Zip

33624

Country

USA

Zip

33624

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERZOG, E. HEIDE
9115 BRINDLEWOOD
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

~~HERZOG~~ NEUHARDT (ELIZABETH)

Street Address (P.O. Box Number is Not Acceptable)

5007 PALOMA DR

City

TAMPA

FL

Zip Code

33624

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

Ed Neuhardt

ELIZABETH NEUHARDT, TREASURER.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILDE, DOREEN | |
| STREET ADDRESS | 5011 PALOMA DR. | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MCKENZIE, KAY | |
| STREET ADDRESS | 2806 ORMANDY CT. | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LAWRENCE, HELEN | |
| STREET ADDRESS | 4701 WINDFLOWER CIR. | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | THICLEMANN, BETTY | |
| STREET ADDRESS | 19353 SANDY SPRINGS CIRCLE | |
| CITY-ST-ZIP | LUTZ FL 33558-9734 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | DANIELSON, ELEANOR | |
| STREET ADDRESS | 1903 N. VILLAGE AVE. | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PATTI SNOW - | |
| STREET ADDRESS | 11404 GALLERIA DR | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LYDIA LOMBARDO | |
| STREET ADDRESS | 19414 MORDEN BLUSH | |
| CITY-ST-ZIP | LUTZ FL 33558 | |
| TITLE | W | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIORANNA DOELLING | |
| STREET ADDRESS | 14107 STONE GATE DR | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIANNA BRITTON | |
| STREET ADDRESS | 5056 BARROUE DR | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JUDY PETERS | |
| STREET ADDRESS | 13819 CYPRESS VILLAGE CR | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lydia Lombardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

Daytime Phone #