


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90150 001 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N01000007298</b>                               |  |
| 1. Entity Name<br><b>CARROLLWOOD AREA WOMEN'S CLUB, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br>5007 PALOMA DR.<br>TAMPA, FL 33624 | Mailing Address<br>5007 PALOMA DR.<br>TAMPA, FL 33624 |
|---|---|



|  |   |
|--|---|
| 2. Principal Place of Business<br><i>19502 Heritage Harbor Pk</i><br>Suite, Apt. #, etc. | 3. Mailing Address<br><i>19353 SANDY SPRINGS Cir</i><br>Suite, Apt. #, etc. |
|--|---|

04222005 Chg-NP CR2E037 (10/03)

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><i>LUTZ, FL</i> | City & State<br><i>LUTZ, FL</i> |
|---------------------------------|---------------------------------|

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br>Not Applicable |
|--|-------------------------------|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><i>33558</i> | Country<br><i>USA</i> | Zip<br><i>33558</i> | Country<br><i>USA</i> |
|---------------------|-----------------------|---------------------|-----------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>    |
| NEUHARDT, ELIZABETH<br>5007 PALOMA DR.<br>TAMPA, FL 33624 |

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>                                      |
| Name <i>BETTY THIELEMAN</i>   |
| Street Address (P.O. Box Number is Not Acceptable)<br><i>19353 SANDY SPRINGS Circle</i> |
| City <i>LUTZ</i> State <i>FL</i> Zip Code <i>33558</i>                                  |

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 *BETTY THIELEMAN TREASURER Betty Thieleman* 4-23-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS            |   |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILDE, DOREEN 5011 PALOMA DR. TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SNOW, PATTI 11404 GALLEIRA DR. TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOMBARDO, LYDIA 19414 MORDEN BLUSH LUTZ, FL 33558 <input type="checkbox"/> Delete                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DOELLING, DONNA 14107 STONEGATE DR. TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRITTON, SANDY 5058 BARROWE DR. TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERS, JUDY 13819 CYPRESS VILLAGE CR. TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | P ELEANOR NESBIT 201 W. LAUREL TAMPA, FL. 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | VP LORRAINE ROGERS 2205 GREEN OAKS LANE TAMPA, FL. 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | S CHARLENE ADAMS 18545 BITTERN AVE LUTZ, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | D MARILYN PEAK 2821 SAMARA DR TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | D STACIA MORGAN 19201 WIND DANER ST. LUTZ, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |

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: *BETTY THIELEMAN, TREASURER Betty Thieleman* 4/23/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #