


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90147 003 ****61.25

DOCUMENT # N0100007298			
1. Entity Name CARROLLWOOD AREA WOMEN'S CLUB, INC.			
Principal Place of Business 19502 HERITAGE HARBOR PKWY LUTZ, FL 33558		Mailing Address 19353 SABDT SORUBGS CUR LUTZ, FL 33558	
2. Principal Place of Business 4202 Carrollwood Ulg Dr Suite, Apt. #, etc. Tampa City & State FL Zip 33618 County Hillsborough		3. Mailing Address 4202 Carrollwood Ulg Dr Suite, Apt. #, etc. Tampa City & State FL Zip 33618 Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIELEMANN, BETTY 19353 SANDY SPRINGS CIRCLE LUTZ, FL 33558		7. Name and Address of New Registered Agent Name: Karen Meyer Street Address (P.O. Box Number is Not Acceptable): 4202 Carrollwood Ulg Dr City: Tampa FL Zip Code: 33618	
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: Karen Meyer, Treasurer DATE: April 21, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: NESBIT, ELEANOR STREET ADDRESS: 201 W LAUREL CITY-ST-ZIP: TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE: D NAME: Carole Wolfe STREET ADDRESS: 14003 Ashland Manor Way CITY-ST-ZIP: Tampa FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: ROGERS, LORRAINE STREET ADDRESS: 2205 GREEN OAKS LANE CITY-ST-ZIP: TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE: V NAME: Gaver, Kay STREET ADDRESS: 10107 Mowry Lane CITY-ST-ZIP: Tampa FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LOMBARDO, LYDIA STREET ADDRESS: 19414 MORDEN BLUSH CITY-ST-ZIP: LUTZ, FL 33558	<input type="checkbox"/> Delete	TITLE: D NAME: mckenzie, Kay STREET ADDRESS: 2806 Ormandy Ct CITY-ST-ZIP: Tampa FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: ADAMS, CHARLENE STREET ADDRESS: 19543 BIRNERN AVE CITY-ST-ZIP: LUTZ, FL 33558	<input type="checkbox"/> Delete	TITLE: S NAME: Peters, Judy STREET ADDRESS: 13819 Cypress Ulg Cr CITY-ST-ZIP: Tampa FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PEAK, MARILYN STREET ADDRESS: 2821 SAMARA DR CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE: D NAME: Peak, Marilyn STREET ADDRESS: 2821 Samara Dr CITY-ST-ZIP: Tampa FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MORGAN, STACIA STREET ADDRESS: 19207 WIND DANGER ST CITY-ST-ZIP: LUTZ, FL 33558	<input type="checkbox"/> Delete	TITLE: D NAME: Bonsack, Mary STREET ADDRESS: 7762 Still Lakes Dr CITY-ST-ZIP: Odessa FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Karen L Meyer		Karen Meyer 4-21-06 813-962-1341	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	