


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90060 027 \*\*\*\*61.25

<b>DOCUMENT # N01000007298</b> 1. Entity Name <b>CARROLLWOOD AREA WOMEN'S CLUB, INC.</b>			
Principal Place of Business <b>4202 CARROLLWOOD ULA DR TAMPA, FL 33618</b>		Mailing Address <b>4202 CARROLLWOOD ULA DR TAMPA, FL 33618</b>	
2. Principal Place of Business - No P.O. Box # <b>10107 Mowry Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>10107 Mowry Lane</b> Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33625</b>		Zip <b>33625</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEYER, KAREN 4202 CARROLLWOOD ULA DR TAMPA, FL 33618</b>		7. Name and Address of New Registered Agent Name <b>Gaver, Kathryn</b> Street Address (P.O. Box Number is Not Acceptable) <b>10107 Mowry Lane</b> <b>Tampa, FL 33625</b> City <b>FL</b> Zip Code	
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: <u>Kathryn Gaver</u> <span style="float: right;">4/3/2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOLFE, CAROLE</b> <input type="checkbox"/> Delete <b>14003 ASHLAND MANOR WAY</b> <b>TAMPA, FL 33613</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Britton, Sandy</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5056 Barrowe Dr.</b> <b>Tampa, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GAVAR, KAY</b> <input type="checkbox"/> Delete <b>10107 MOWRY LANE</b> <b>TAMPA, FL 33625</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sheesley, Joyce</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4251 Golf Club Lane</b> <b>Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKENZIE, KAY</b> <input type="checkbox"/> Delete <b>2806 ORMANDY CT</b> <b>TAMPA, FL 33618</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Shepard, Barbara</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>14156 Fehnsbury Dr.</b> <b>Tampa, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PETERS, JUDY</b> <input type="checkbox"/> Delete <b>13819 CYPRESS ULA CR</b> <b>TAMPA, FL 33618</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Neuhardt, Liz</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5007 Paloma Dr.</b> <b>Tampa, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEAK, MARILYN</b> <input type="checkbox"/> Delete <b>2821 SAMARA DR</b> <b>TAMPA, FL 33618</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pappas, Bonnie</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>16312 Avila Blvd.</b> <b>Tampa, FL 33613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BONSACK, MARY</b> <input type="checkbox"/> Delete <b>7762 STILL LAKES DR</b> <b>ODESSA, FL 33556</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Kathryn Gaver</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<span style="float: right;">4/3/2007</span> <small>Date Daytime Phone #</small>	