


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

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90022 044 ****61.25

DOCUMENT # N02000001011			
1. Entity Name BRIDGE CLUB OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 8793 TAMIAMI TRAIL, E #118 NAPLES FL 34133		Mailing Address ST. ANDREWS SQUARE 8793 TAMIAMI TRAIL EAST #118 NAPLES FL 34113	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. AS ABOVE		Suite, Apt. #, etc. AS ABOVE	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3698095		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 HOLLAND, JOYCE 985 CHARLEMAGNE BLVD NAPLES FL 34112		7. Name and Address of New Registered Agent Name JOHN DVORSCEK Street Address (P.O. Box Number is Not Acceptable) 250 W. NAOMI DR. #1 City NAPLES FL Zip Code 34104	
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 <i>John Dvorscek</i> 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. <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 NAME STREET ADDRESS CITY-ST-ZIP	PD WATHEN, PAUL 7536 BERKSHIRE PINES DR NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORTHEY LANCASTER 505 MARDEL DR. #107 NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, BARBARA 2240 TARPON RD NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAN MOHNKERN 525 BAREFOOT WILLIAMS RD. NAPLES, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, DORTHEY 505 MARDEL DR #107 NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATHY FEE 39 DERHENSON DR NAPLES, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, JOYCE 985 CHARLEMAGNE BLVD NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN DVORSCEK 250 W. NAOMI DR. #1 NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUTH, JOE 669 ST. ANDREWS BLVD NAPLES FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB PARLIN 156 PEBBLE SHORES DR #102 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOCKEL, VIRGINIA 4005 GULF SHORE BLVD N., #302 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANICE AUSTERMAN 7380 PROVINCE WAY NAPLES, FL 34104 <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 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: <i>John Dvorscek</i>		JOHN DVORSCEK JAN 29 2004 (239) 304-3043	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	