

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90107 022 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02022007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3698095	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MONROE, ARCHIE L 2192 KINGFISH RD NAPLES, FL 34102	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	ARMSTRONG, GLENDA
STREET ADDRESS	780 NATCAFORD 302
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LAMEASTER, DOT
STREET ADDRESS	505 MEADEL DR 107
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D <input type="checkbox"/> Delete
NAME	BLAIR, MARILYN
STREET ADDRESS	4401 GULF SHORE BLVD # 508
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	T <input type="checkbox"/> Delete
NAME	MONROE, ARCHIE L
STREET ADDRESS	2192 KINGFISH RD
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PARLIN, BOB
STREET ADDRESS	156 PEBBLE SHORES DR. # 102
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WALSH, KATY
STREET ADDRESS	730 COLLIAN BLVD 907
CITY-ST-ZIP	MARCO ISLAND, FL 34145

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Smyth
STREET ADDRESS	1442 Blooming Way
CITY-ST-ZIP	Marco Island, FL 34145
TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Kemnitz
STREET ADDRESS	750 Harbor Dr.
CITY-ST-ZIP	Naples, FL 34103
TITLE	5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Baxter
STREET ADDRESS	6821 Stealing Green Dr. #202
CITY-ST-ZIP	Naples, FL 34104
TITLE	5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Bernstein
STREET ADDRESS	6282 Shadowood Circle
CITY-ST-ZIP	Naples, FL 34112
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: <i>Archie Monroe</i>	Archie L. Monroe	2/3/07	239-262-5334
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