


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90049 039 ****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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40006632



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142008 Chg-NP CR2E037 (12/06)

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	
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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)

Filing Fee is \$61.25 Due by May 1, 2008	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, GLENDA 780 NATCAFORD 302 NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Daniels, Helen 3745 Montreux Ln #203 Naples, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUYORY, ELIZABETH 1442 BISCAYNE WAY MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lancaster, Dot 505 Mardol Dr #107 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, MARILYN 4401 GULF SHORE BLVD # 508 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Croat, Kay 2365 Gulf Shore Blvd North Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONROE, ARCHIE L 2192 KINGFISH RD NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bernstein, George 6282 Shadowood Circle Naples, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEMNITZER, ED 750 HARBOR DRIVE NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garrett, Jane 696 Windsor Pl #102 Naples, FL 34107	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, BRUCE 6821 STERLING GREEN DRIVE #202 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Posner, Judy 2421 Mill Creek Ln Naples, FL 34119	<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 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: *George H. Bernstein, Treas.* **1/16/08** **239-774-4884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George H. Bernstein, Treas