2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90706 006 ****61.25

DOCUMENT # N02000001011

1. Entity Name
BRIDGE CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2240 TARPON RD NAPLES, FL 34102	ST. ANDREWS SQUARE 8793 TAMIAMI TRAIL EAST #118 NAPLES, FL 34113

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8793 Tamiami Trail, E	
Suite, Apt. #, etc. #118	Suite, Apt. #, etc.
City & State Naples, FL	City & State
Zip: 34113 Country: Collier	Zip: Country:

4. FEI Number: 59-3698095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDS, BARBARA 2240 TARPON RD NAPLES, FL 34102	Name: Rolland, Joyce Street Address (P.O. Box Number is Not Acceptable): 985 Charlemagne Blvd City: Naples FL Zip Code: 34112

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: Joyce Rolland - Treas 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BAKER, C WILLIAM 1084 FOREST LAKE DR #307 NAPLES, FL 34105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wathen, Paul 7536 Berkshire Pines Dr Naples, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARDS, BARBARA 2240 TARPON RD NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LANCASTER, DORTHEY 505 MARDEL DR #107 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD addition Mohnkern, Janet 525 Barefoot Williams Rd, #150 Naples, FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rolland, Joyce 985 Charlemagne Blvd Naples, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Muth, Joe 669 St AndrewsBlvd Naples, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Stockel, Virginia 4005 Gulf Shore Blvd N, #302 Naples, FL 34103	☐ Change ☒ Addition

CR2E037 (10/02)

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: Joyce Rolland Joyce Rolland - Treasurer 4-29-03 239-262-5334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #