


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 028 ****61.25

DOCUMENT # N02000001746 1. Entity Name THE COUNTRY CLUB OF MOUNT DORA WOMEN'S CLUB, INC.					
Principal Place of Business 9063 LAUREL RIDGE DR MOUNT DORA, FL 32757			Mailing Address 9063 LAUREL RIDGE DR MOUNT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box # 5020 Greenbriar Trail Suite, Apt. #, etc.		3. Mailing Address 5020 Greenbriar Trail Suite, Apt. #, etc.			
City & State Mt. Dora FL		City & State Mt. Dora FL		4. FEI Number 59-3467066	
Zip 32757		Country lake		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNDGREN, MARGARET 9063 LAUREL RIDGE DR MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name Glenda Sumner Street Address (P.O. Box Number is Not Acceptable) 5020 Greenbriar Trail City Mt. Dora FL Zip Code 32757		
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 Glenda Sumner <i>Glenda Sumner</i> 4-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOUCHTON, EILEEN 5058 GREENBRIAR TR MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fran Medeiros 9047 Laurel Ridge Dr. Mt. Dora FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLAGETTER, SABRA 6023 SALSA BRIDGE PL MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pennie Harry 6027 Falconbridge Place Mt. Dora FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUNDGREN, MARGARET 9063 LAUREL RIDGE DR MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Glenda Sumner 5020 Greenbriar Trail Mt. Dora FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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.

Margaret C. Sundgren