

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003719

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** EXECUTIVE WOMEN'S GOLF ASSOCIATION-NAPLES, FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

973 HINGHAM WAY  
#202  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

973 HINGHAM WAY  
#202  
NAPLES, FL 34104

**New Mailing Address:**

72 CYPRESS POINT DRIVE  
NAPLES, FL 34105

**FEI Number:** 22-3767124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMER, FREDERICK C  
950 N COLLIER BLVD  
STE 201  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: MATOUS, FAITH  
Address: 973 HINGHAM WAY #202  
City-St-Zip: NAPLES, FL 34104 US

Title: D/V P ( ) Delete  
Name: JOHNSON, DIANA  
Address: 8488 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119 US

Title: D/S ( ) Delete  
Name: LUCCI, BETH  
Address: 9411 - 6TH STREET N.  
City-St-Zip: NAPLES, FL 34108 US

Title: D/T ( ) Delete  
Name: MCCLAIN, SHALLEN  
Address: 1885 LES CHATEAU BLVD. STE. 303  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D/S (X) Change ( ) Addition  
Name: DRUMM, LORI  
Address: 73 SILVER OAKS CIR APT 10102  
City-St-Zip: NAPLES, FL 34119 US

Title: D/T (X) Change ( ) Addition  
Name: KLINOWSKI, MICHELE  
Address: 1207 CHELMSFORD CT  
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE KLINOWSKI

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04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date