

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 11, 2009
Secretary of State

DOCUMENT# N06000008141

Entity Name: HOWARD CLUB OF SOUTH WEST FLORIDA INC

Current Principal Place of Business:

5835 COVEY CT
BRADENTON, FL 34203

New Principal Place of Business:

7857 WILTON CRESCENT CIRCLE
UNIVERSITY PARK, FL 34201

Current Mailing Address:

5835 COVEY CT
BRADENTON, FL 34203

New Mailing Address:

PO BOX 31
TALLEVAST, FL 34270

FEI Number: 16-1776367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, CHLOTEAL S
4142 WESTBOURNE CIR
SARASOTA, FL 34238 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: CHLOTEAL S. LEWIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEPHENS, TIMOTHY L MD
Address: 13475 N PARK BLVD
City-St-Zip: CLEVELAND HEIGHTS, OH 44118

Title: V () Delete
Name: RODGERS, CLARENCE D ESQ
Address: 3403 OLD BRAINARD RD
City-St-Zip: PEPPER PIKE, OH 44124

Title: T () Delete
Name: LEWIS, CHLOTEAL S
Address: 4142 WESTBOURNE CIR
City-St-Zip: SARASOTA, FL 34238

Title: RS () Delete
Name: COOPER, CAROL G
Address: 3659 BLUE HERON CIR
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Delete
Name: WALDEN, JOYCE
Address: 8194 NATURES WAY #24
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHLOTEAL S. LEWIS

Electronic Signature of Signing Officer or Director

TREA

11/11/2009

Date