SUSAN H. TEW (SUSAN H. TEW)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_>

## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N07000007645



239-418-0888

1. Entity Name HOPE CLUBHOUSE OF SOUTHWEST FLORIDA, INC.						01	-10-2000 700	<i>323</i> 012	01.23	
Principal Place of Business 6150 DIAMOND CENTRE CT BLDG. 800 STE 2 FORT MYERS, FL 33912  Mailing Address 6150 DIAMOND CENTRE CT BLI FORT MYERS, FL 33912				DG. 800 STE	2		<b>18</b> 11 <b>48</b> 111 <b>88</b> 111 <b>88</b> 711 <b>8</b>	i Gill derri takre av		<b>8</b> 1 ( <b>88</b> 1
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04062008 Ch	ng-NP	CR2E037 (1	12/06)	
City & State		City & State				4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Cou	Country		5. Certificate of Sta	atus Desired		75 Addition Required	nal
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
TEW, MICHAEL F										
6150 DIAMOND CENTRE CT BLDG. 800 STE 2 FORT MYERS, FL 33912				Street Address (P.O. Box Number is Not Acceptable)						
				City			· · · · · · · · · · · · · · · · · · ·	<b>—.</b>	Zip Code	
7							n Con (Fig. )	FL		
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.										
COMMATURE										
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	l Agent signature r	required v	when reinstating)		DATE		_
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Fi.  Trust Fund Contribution					3	\$5.00 May Be Added to Fees		ke check pa a Departme	-	)
10.	OFFICERS AND DIF		11.	1 00	_	DDITIONS/CHANGE	ES TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, SHARON L 17121 TERRAVERDE CIRCLE 0 FORT MYERS, FL 33908	☐ Delete	1	ET ADORESS 8	1ada 305	zus, Willian Whisper Tr es, FL 34114	ace - Uni+	-	Change <b>5</b>	Addition
TITLE	D	☐ Delete	TITLE	<del>-  </del> -					Change 5	<b>X</b> Addition
NAME	TEW, SUSAN H		NAME	K K	(ing	, Kathryne Loconut Driv	. A.			
STREET ADDRESS CITY-ST-ZIP	13882 BENTLY CIRCLE FORT MYERS, FL 33912			ET ADORESS   \ \{ •ST-ZIP	89 C	oconut Orio . Myers Be	ve ach i EL 3	3931		
TITLE	D	<b>⊠</b> Delete	TITLE	0	)	•			Change 🔀	Addition
NAME STREET ADORESS	BRATT, JAMES 13571 EAGLE RIDGE DRIVE		NAME STREE	ET ADDRESS 17	li ect	ne Omar Colonial Bou	olevard - 1	Suite B1	_	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-	ST-ZIP F	ort	Myers, FL	33907			
TITLE NAME	D GARTNER, JUDITH R	☐ Delete	TITLE		) )	s, Peggy			Change 🚡	Addition
STREET ADDRESS	108 CLUBHOUSE DRIVE APT. 3	62		ون ET ADDRESS	226	Presidenti	al Court	- Suite	D	
CITY-ST-ZIP	NAPLES, FL 34105		-	ST-ZIP F	ort	Myers, FL	. 33919			
TITLE NAME	D LUCAS, CARRIE L	Delete	TITLE	-	-	jut, Grace			Change D	Addition
STREET ADDRESS	SS 12601 MASTIQUE BEACH BLVD UNIT 1603 STREE			ET ADDRESS 5	848	Queen Eliz	abeth Dr	ive - Oı	nit 4	
CITY-ST-ZIP	FORT MYERS, FL 33908			ST-ZIP	ort	Myers, Fi	L 33901			<b>-4</b>
TITLE NAME		☐ Delete	TITLE		) 'rah	in, Sherri		Ц	Change <b>D</b>	Addition .
STREET ADDRESS			STREE	ET ADDRESS	0 Be	th Stacey (gh Acres)	3oulevaro	L #10Z		
CITY-ST-ZIP		also filling at a second of the							na sh = 3 f	
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.										