

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N21890

1. Entity Name
**LONG ISLAND & NEW YORK CLUB OF CAPE CORAL,
FLORIDA, INC.**



Principal Place of Business
**1133 SE 28TH TERR
CAPE CORAL, FL 33904 US**

Mailing Address
**1133 SE 28TH TERR
CAPE CORAL, FL 33904 US**



02242005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-5028380

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

**MC GOVERN, ARTHUR DR.
2340 S.E. 25TH STREET
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MC GOVERN, ARTHUR DR
STREET ADDRESS 2340 S.E. 28TH STREET
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE IVD
NAME BOOTHBY, MARY
STREET ADDRESS 606 SIERRA MADRE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE 2VD
NAME SEKANIK, ROSE
STREET ADDRESS 37575 E 1ST PL
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE S
NAME KOPROWSKI, ANN
STREET ADDRESS 17920 ANTHERIUM LANE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE TD
NAME REYES, VICTOR
STREET ADDRESS 1133 SE 28TH TERR
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000262176
03/14/05-80043-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05

Date

239-549-2404

Daytime Phone #