## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27098

FILED Feb 21, 2009 Secretary of State

Entity Name: EXXONMOBIL RETIREE CLUB OF SOUTHWEST FLORIDA, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
1540 PONI NAPLES, F		1540 BONITA LANE NAPLES, FL 34102 US
Current M	ailing Address:	New Mailing Address:
1540 PONI NAPLES, F		1540 BONITA LANE NAPLES, FL 34102 US
FEI Number:	65-0133137 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
TOBYE, T. 1540 BONI NAPLES, F	ITA LN.	TOBYE, I.T. 1540 BONITA LN. NAPLES, FL 34102 US
	named entity submits this statement for the pure of Florida.	rpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: _I.T. TOBYE	02/21/2009
	Electronic Signature of Registered Agent	Date Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete NUBER, KENNETH J 3213 GOLFSIDE DRIVE NAPLES, FL 34110	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete DICKINSON, ROBERT M 1490 SAN CRISTOBAL AVE. UNIT A3 PUNTA GORDA, FL 33908	Title: SD (X) Change ( ) Addition Name: CALIFANO, VINCENT SECRETA Address: 11800 LADY ANNE CIRCLE City-St-Zip: CAPE CORAL, FL 33904 US
Title: Name: Address: City-St-Zip:	D () Delete CALIFANO, PAULINE 4525 COUNTRY CLUB BLVD., #108 CAPE CORAL, FL 33904	Title: D (X) Change ( ) Addition Name: CALIFANO, PAULINE DIR Address: 11800 LADY ANNE CIRCLE City-St-Zip: CAPE CORAL, FL 33904
Title: Name: Address: City-St-Zip:	D () Delete LAMBERT, DOROTHY 140 LAS PALMAS N FT MYERS, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete THOMAS, C. ROBERT 20231 CALICE CT., #2704 ESTERO, FL 33928	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete BRUGEMEYER, ALBERT 1370 BALD EAGLE DRIVE NAPLES, FL 34105	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: ALBERT E. BRUGGEMEYER TD 02/21/2009