

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43532

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: MARCO ISLAND WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 604  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 604  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

FEI Number: 51-0203859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOZZO, BONNIE E  
520 TAYLOR COURT  
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: PD ( ) Delete  
Name: MINOZZI, LYNNE  
Address: 250 FIJI COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPD ( ) Delete  
Name: GREER, LINDA  
Address: 1599 GALLEON AVENUE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: RS ( ) Delete  
Name: NEWBORNE, EDYTHE  
Address: 336 NASSAU CT.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: CS ( ) Delete  
Name: SBERTOLI, CAROLE  
Address: 1276 RIVERHEAD AVENUE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: DT ( ) Delete  
Name: BOZZO, BONNIE E  
Address: 520 TAYLOR COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: AT ( ) Delete  
Name: PETERSON, EUNICE  
Address: 494 ADIRONDACK COURT  
City-St-Zip: MARCO ISLAND, FL 34145

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

Title: PD (X) Change ( ) Addition  
Name: GREER, LINDA  
Address: 1599 GALLEON  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPD (X) Change ( ) Addition  
Name: MOLANDER, PAM  
Address: 40 ANCHOR COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: RS (X) Change ( ) Addition  
Name: THAYER, SHIRLEY  
Address: 980 CAPE MARCO DRIVE #701  
City-St-Zip: MARCO ISLAND, FL 34145

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 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: BONNIE E. BOZZO

DT

02/27/2006

Electronic Signature of Signing Officer or Director

Date