

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90245 034 ****61.25

DOCUMENT # N43532

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



Principal Place of Business
**P.O. BOX 604
MARCO ISLAND, FL 34145 US**

Mailing Address
**P.O. BOX 604
MARCO ISLAND, FL 34145 US**

60000691



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number
51-0203859

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOZZO, BONNIE E
520 TAYLOR COURT
MARCO ISLAND, FL 34145**

Name
VINI JUST

Street Address (P.O. Box Number is Not Acceptable)

1422 DELOROOK WAY

City
MARCO ISLAND

FL

Zip Code
34145

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 **VINI JUST**

Vini Just

1-5-07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GREER, LINDA
1599 GALLEON
MARCO ISLAND, FL 34145** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PAM MOLANDER
40 ANCHOR COURT
MARCO IS. FL 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MOLANDER, PAM
40 ANCHOR COURT
MARCO ISLAND, FL 34145** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SHIRLEY THAYER
980 CAPE MARCO DR. #701
MARCO IS. FL 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RS
THAYER, SHIRLEY
980 CAPE MARCO DRIVE #701
MARCO ISLAND, FL 34145** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RS
DOROTHY HARKNESS
MARCO IS. FL 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
SBERTOLI, CAROLE
1276 RIVERHEAD AVENUE
MARCO ISLAND, FL 34145** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
ARLEEN SOLDANO
MARCO IS. FL 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BOZZO, BONNIE E
520 TAYLOR COURT
MARCO ISLAND, FL 34145** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
VINI JUST
1422 DELOROOK WAY
MARCO IS. FL 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
PETERSON, EUNICE
494 ADIRONDACK COURT
MARCO ISLAND, FL 34145** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
LYNNE MINOZZI
MARCO IS. FL 34145** ☐ Change ☒ Addition

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.

SIGNATURE: **VINI JUST** *Vini Just*

1-5-07 239-394-3635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #