


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 033 ****61.25

DOCUMENT # N49492 1. Entity Name OPTI-MRS. CLUB OF CAPE CORAL, FLORIDA, INC.					
Principal Place of Business 4240 SE 20TH PL., #312 CAPE CORAL, FL 33904 US			Mailing Address 4240 SE 20TH PL., #312 CAPE CORAL, FL 33904 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0340285	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PESEK, HELEN 4240 SE 20TH PL., #312 CAPE CORAL, FL 33904				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIRINES, MAUREEN		NAME		
STREET ADDRESS	1310 SE 44TH TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGRATH, GRACE		NAME		
STREET ADDRESS	1042 LAPALOMA BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	ST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PESEK, HELEN		NAME		
STREET ADDRESS	4240 SE 20TH PL., #312		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWEET, MARY		NAME		
STREET ADDRESS	1102 SE 14TH ST		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, JEANNE		NAME		
STREET ADDRESS	195 PALM LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDRATH, GRACE		NAME		
STREET ADDRESS	1042 LAPALOMA BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
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: <u>Helen Pesek</u> Helen Pesek <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-18-08 <small>Date</small>		239-542-2211 <small>Daytime Phone #</small>