

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 029 *****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0340285

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

PESEK, HELEN
4240 SE 20TH PL., #312
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

Helen Pesek

Helen Pesek

3-22-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	FIRINES, MAUREEN	
STREET ADDRESS	1310 SE 44TH TERR	
CITY- ST- ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGRATH, GRACE	
STREET ADDRESS	1042 LAPALOMA BLVD	
CITY- ST- ZIP	NORTH FORT MYERS FL 33903	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PESEK, HELEN	
STREET ADDRESS	4240 SE 20TH PL., #312	
CITY- ST- ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEET, MARY	
STREET ADDRESS	1102 SE 14TH ST	
CITY- ST- ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JEANNE	
STREET ADDRESS	195 PALM LAKE DR	
CITY- ST- ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDRATH, GRACE	
STREET ADDRESS	1042 LAPALOMA BLVD	
CITY- ST- ZIP	NORTH FORT MYERS FL 33903	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Helen Pesek

Helen Pesek

3-22-07

239.542-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #