

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # N49492

1. Entity Name

OPTI-MRS. CLUB OF CAPE CORAL, FLORIDA, INC.



Principal Place of Business

Mailing Address

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

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

4. FEI Number

65-0340285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

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

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

(NOTE: Registered Agent signature required when re-appointing)

Helen Pesek

2-18-08

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2008

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 ☐ Delete
NAME P
STREET ADDRESS FIRINES, MAUREEN
CITY-ST-ZIP 1310 SE 44TH TERR
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS MCGRATH, GRACE
CITY-ST-ZIP 1042 LAPALOMA BLVD
NORTH FORT MYERS FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS PESEK, HELEN
CITY-ST-ZIP 4240 SE 20TH PL., #312
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SWEET, MARY
CITY-ST-ZIP 1102 SE 14TH ST
CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WILSON, JEANNE
CITY-ST-ZIP 195 PALM LAKE DR
SANIBEL FL 33957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MCDRATH, GRACE
CITY-ST-ZIP 1042 LAPALOMA BLVD
NORTH FORT MYERS FL 33903

TITLE ☐ Change ☐ 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

2-18-08