

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49492

FILED
Mar 30, 2009
Secretary of State

Entity Name: OPTI-MRS. CLUB OF CAPE CORAL, FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0340285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PESEK, HELEN
4240 SE 20TH PL., #312
CAPE CORAL, FL 33904 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: P () Delete
Name: FIRINES, MAUREEN
Address: 1310 SE 44TH TERR
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: MCGRATH, GRACE
Address: 1042 LAPALOMA BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST () Delete
Name: PESEK, HELEN
Address: 4240 SE 20TH PL., #312
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SWEET, MARY
Address: 1102 SE 14TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: WILSON, JEANNE
Address: 195 PALM LAKE DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: MCDRATH, GRACE
Address: 1042 LAPALOMA BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 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: HELEN PESEK

ST

03/30/2009

Electronic Signature of Signing Officer or Director

Date