

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002465 (1)**

1. Corporation Name

**EXECUTIVE WOMEN'S GOLF LEAGUE OF MARTIN COUNTY, INC.**



Principal Place of Business

Mailing Address

1473 S.W. THELMA ST.  
PALM CITY FL 34990

1473 S.W. THELMA ST.  
PALM CITY FL 34990

3. Date Incorporated or Qualified  
**05/22/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **780 NE BAYBERRY LN**

26 **780 NE BAYBERRY LANE**

4. FEI Number

Applied For

**65-0682876**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

City & State

City & State

23 **JENSEN BEACH FL**

28 **JENSEN BEACH FL**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34957**

25

29 **34957**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAWLUC, SONIA M  
819 S. FEDERAL HWY.  
SUITE 106  
STUART FL 34994**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **MCAHON, CHRISTINE M**  
STREET ADDRESS **1473 S.W. THELMA ST.**  
CITY-ST-ZIP **PALM CITY FL 34990**

1.1 TITLE **VO** ☐ Change ☒ Addition  
1.2 NAME **BONNIE B. BALIS**  
1.3 STREET ADDRESS **19695 TRAILS END TERRACE**  
1.4 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VO** ☒ DELETE  
NAME **LUCE, TINA**  
STREET ADDRESS **2171 N.W. 18TH DR.**  
CITY-ST-ZIP **STUART FL 34994**

2.1 TITLE **SD** ☐ Change ☒ Addition  
2.2 NAME **CARYN E. JARVIS**  
2.3 STREET ADDRESS **779 SE FORDAL ST**  
2.4 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **SD** ☐ DELETE  
NAME **DZIKOWSKI, NANCY**  
STREET ADDRESS **780 N.E. BAYBERRY LANE**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

3.1 TITLE **PD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **TYSON, BARBARA**  
STREET ADDRESS **19171 TAMARA LANE**  
CITY-ST-ZIP **JUPITER FL 33458**

4.1 TITLE **TD** ☐ Change ☒ Addition  
4.2 NAME **SIRKKA S. FIRLOY**  
4.3 STREET ADDRESS **4976 SW BIRNINI CIRCLES**  
4.4 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sirkka S. Firloy** **SIRKKA S. FIRLOY**

**4/24/96**

**407-268-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)