

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 013 \*\*\*\*70.00

**DOCUMENT # N98000000178**

1. Entity Name  
**APOLLO BEACH WOMAN'S CLUB INC.**



Principal Place of Business  
714 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

Mailing Address  
714 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

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

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3539727

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

HALL, MARLENE  
714 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 32572

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE P ☐ Delete  
NAME MCKEE, GRACE  
STREET ADDRESS 5208 COVESOUND  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE VD ☒ Delete  
NAME IACURCI, PATRICIA  
STREET ADDRESS 454 ISLEBAY DR  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE TD ☐ Delete  
NAME WOODWARD, NORMA  
STREET ADDRESS 6044 GOLF & SEA BLVD  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE VD ☐ Delete  
NAME MOTTA, JUDY  
STREET ADDRESS 836 SYMPHONY ISLED BLVD  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE VD ☐ Delete  
NAME LUNDY, CAROLYN  
STREET ADDRESS 705 GOLF AND SEA BLVD  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE SD ☒ Delete  
NAME BORCK, NELLIE  
STREET ADDRESS 701 ISLEBAY DR  
CITY-ST-ZIP APOLLO BEACH, FL 33572

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☐ Change ☒ Addition  
NAME SYLVIA HORDON  
STREET ADDRESS 805 FLAMINGO DRIVE  
CITY-ST-ZIP APOLLO BEACH, FL 33572

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

TITLE SD ☐ Change ☒ Addition  
NAME KREIMEIER, ROBIN  
STREET ADDRESS 6346 COTTONWOOD LN  
CITY-ST-ZIP APOLLO BEACH, FL 33572

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

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 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:** *Norma F. Woodward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07 813.645-1115  
Date Daytime Phone #