

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000414**

1. Entity Name

PELICAN BAY WOMEN'S LEAGUE INC.



Principal Place of Business

% P.O. BOX 770235  
NAPLES, FL 34107-0235

Mailing Address

% P.O. BOX 770235  
NAPLES, FL 34107-0235



04212005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3508426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLASP, INC  
3001 TAMiami TRAIL N  
4TH FLOOR  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	IAZZO, EILLEN
STREET ADDRESS	6573 MARISSA LOOP #1902
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VPD
NAME	HOBIN, JOANNE
STREET ADDRESS	816 TURKEY OAK LN
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VPD
NAME	CARREN, JOY
STREET ADDRESS	7117 PELICAN BAY BLVD., #1403
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	SD
NAME	STENZA, CATHY
STREET ADDRESS	7741 PEBBLE CREEK CIR., #302
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	SD
NAME	CONNELL, MARILYN
STREET ADDRESS	7024 PELICAN BAY BLVD. #503
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	TD
NAME	SMITH, JOANNE K
STREET ADDRESS	503 SERENDIPITY DR
CITY-ST-ZIP	NAPLES, FL 34108

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04/25/05-80096-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Joanne K. Smith* (JOANNE K. SMITH) April 21 2005 239/5984650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #