

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000001651**

1. Entity Name  
**BRITISH AMERICAN CLUB OF SW FLORIDA, INC.**



Principal Place of Business  
**15693 ANDERSON LN  
FORT MYERS, FL 33912**

Mailing Address  
**15693 ANDERSON LN  
FORT MYERS, FL 33912**



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0504826**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HALL, VALERIE  
15693 ANDERSON LANE  
FORT MYERS, FL 33912**

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GOWER, NICK
STREET ADDRESS	2853 SW 25TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	SD
NAME	MERCHANT, LINDA
STREET ADDRESS	18050 S TAMiami TRAIL, #161
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VPD
NAME	BENNETT, JUNE
STREET ADDRESS	404 NW 32ND PL
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	TD
NAME	HALL, VALERIE
STREET ADDRESS	15693 ANDERSON LN
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000396711  
01/30/06-80018-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Valerie A. Hall*

**VALERIE A. HALL, TREAS.**

**1-16-06**

**339-4106685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone