


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 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

DO NOT WRITE IN THIS SPACE



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0504826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, VALERIE
 15693 ANDERSON LANE
 FORT MYERS, FL 33912

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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)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE
 03/11/08-80002-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOWER, NICK 2853 SW 25TH PL CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERCHANT, LINDA 18050 S TAMIAMI TRAIL, #161 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, VALERIE 15693 ANDERSON LN FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 02/25/08 239-410-8685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #