2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State
05-13-2002 90042 003 ****61.25

DOCUMENT # N98000002980

1. Entity Name

THE WOMEN'S CLUB OF LOST LAKE, INC.

Principal Place of Business	Mailing Address
8177 S.E. DOUBLETREE HOBE SOUND FL 33455	8177 S.E. DOUBLETREE HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7741 S.E. DOUBLE TREE DR.	7741 S.E. DOUBLE TREE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOBE SOUND, FL	City & State: HOBE SOUND, FL
Zip: 33455 Country: MARTIN	Zip: 33455 Country: MARTIN

4. FEI Number: 65-0839058 ☐ 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
FROCIONE, CONSTANCE 8177 S.E. DOUBLETREE HOBE SOUND FL 33455	Name: SCHMIDT CAROL Street Address (P.O. Box Number is Not Acceptable): 7741 S.E. DOUBLE TREE DR. City: HOBE SOUND FL Zip Code: 33455

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.

SIGNATURE: X Constance Frocione President 2002 President
Carol A. Schmidt President Women's Club of Lost Lake
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2002/03

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FROCIONE, CONSTANCE 8177 SE DOUBLETREE HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHMIDT, CAROL 7741 S.E. DOUBLE TREE DR HOBE SOUND, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCCOLE, CAROL 8352 SE POUROTIS HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FROCIONE, CONSTANCE 8177 S.E. DOUBLE TREE DR. HOBE SOUND, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BORSOM, LORETTA 8064 SE POUROTIS HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WIELER, ELAINE K. 8064 S.E. DOUBLE TREE DR. HOBE SOUND, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KEMPER, ROSEMARY 8272 S.E. DOUBLETREE DR. HOBE SOUND, FL 33455	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CECERE, FRANCES 8136 S.E. PALMETTO LN HOBE SOUND, FL 33455	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Loretta M Borsom LORETTA M. BORSOM (772)221-8564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #