


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90107 025 ****61.25

DOCUMENT # N98000002980	
1. Entity Name THE WOMEN'S CLUB OF LOST LAKE, INC.	

Principal Place of Business 7741 SE DOUBLE TREE DR HOBE SOUND FL 33455	Mailing Address 7741 SE DOUBLE TREE DR HOBE SOUND FL 33455
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1857 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State Hobe Sound FL.	City & State Hobe Sound FL.
Zip 33475	Country

4. FEI Number 65-0839058	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FROCIONE, CONSTANCE 8177 SE DOUBLETREE DR HOBE SOUND FL 33455	
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7. Name and Address of New Registered Agent Name SHARON K IVANY Street Address (P.O. Box Number is Not Acceptable) 8109 SE. WOODLAKE LN. City Hobe Sound FL 33455	
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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 **SHARON K IVANY TREASURER** (NOTE: Registered Agent signature required when reinstating) **SHARON K IVANY** **4-1-05** DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCLAM, BARBARA 7851 SE SPICEWOOD CIRCLE HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGARVEY, JACKIE 7854 SE SPICEWOOD CIRCLE HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IVANY, SHARON 8019 SE WOODLAKE LANE HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENNCAS, MARION 7964 SE DOUBLETREE HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WANDA PAWLEY 8000 SE. WOODLAKE LN. HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FROCIONE, CONSTANCE 8177 SE DOUBLETREE HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHIRLEY TOMA 8113 SE. PAULOTIS LANE HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sharon K Ivany Treasurer** **4-1-05** **772-223-1397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #