

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

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

P.O. BOX 1857
HOBE SOUND FL 33475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0839058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

IVANY, SHARON K
8109 SE WOODLAKE LN
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME MCLAM, BARBARA
STREET ADDRESS 7851 SE SPICEWOOD CIRCLE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DV ☐ Delete
NAME MCGARVEY, JACKIE
STREET ADDRESS 7854 SE SPICEWOOD CIRCLE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DT ☐ Delete
NAME IVANY, SHARON
STREET ADDRESS 8019 SE WOODLAKE LANE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DS ☐ Delete
NAME DAWLEY, WANDA
STREET ADDRESS 8000 SE WOODLAKE DR
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DP ☐ Delete
NAME TOMA, SHIRLEY
STREET ADDRESS 8113 SE PAUROTIS LN
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME U00000444873
STREET ADDRESS 03/07/06-80020-001 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Handwritten Signature]

2 22-26 222 223-229