

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002980

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** THE WOMEN'S CLUB OF LOST LAKE, INC.

**Current Principal Place of Business:**

5201 SE LOST LAKE WAY  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

8213 SE DOUBLE TREE DR.  
HOBE SOUND, FL 33455

**Current Mailing Address:**

P.O. BOX 1857  
HOBE SOUND, FL 33475

**New Mailing Address:**

**FEI Number:** 65-0839058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENBERG, FLORENCE  
5201 SE LOST LAKE WAY  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

HUTCHINSON, SYLVIA  
8213 DOUBLE TREE DR.  
HOBE SOUND, FL 33455 US

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: SYLVIA HUTCHINSON

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HUTCHINSON, SYLVIA  
Address: 8213 DOUBLE TREE DR.  
City-St-Zip: HOBE SOUND, FL 33455

Title: VP  
Name: COPES, JANIE  
Address: 7710 SE DOUBLE TREE DR.  
City-St-Zip: HOBE SOUND, FL 33455

Title: SECT  
Name: DZIUBATY, JOYCE  
Address: 8072 SE PEPPERCORN COURT  
City-St-Zip: HOBE SOUND, FL 33455

Title: TRSR  
Name: RUMMEL, IRENE  
Address: 8292 SE PALM HAMMOCK LN  
City-St-Zip: HOBE SOUND, FL 33455

Title: VP#2  
Name: MOSKALUK, GLORIA  
Address: 8392 SE DOUBLE TREE DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: DIRE  
Name: IVANY, SHARON  
Address: 8109 SE WOODLAKE LANE  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON IVANY

DIRE

04/06/2011

Electronic Signature of Signing Officer or Director

Date