

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002980

FILED
Apr 11, 2012
Secretary of State

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

Current Principal Place of Business:

8213 SE DOUBLE TREE DR.
HOBE SOUND, FL 33455

New Principal Place of Business:

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:

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

Name and Address of New Registered Agent:

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: _____

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: TRES
Name: GASSNER, GERTRUDE
Address: 8013 SE PAUROTIS LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: SECT
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

DIR

04/11/2012

Electronic Signature of Signing Officer or Director

Date