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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005678

1. Corporation Name
WOMEN'S CLUB OF HUNTER'S GREEN, INC.

Principal Place of Business
17554 FAIRMEADOW DRIVE
TAMPA FL 33647

Mailing Address
17554 FAIRMEADOW DRIVE
TAMPA FL 33647



2. Principal Place of Business (21-24) 2a. Mailing Address (25-30) 3. Date Incorporated or Qualified (10/02/1998) 4. FEI Number (59-3533257) 5. Certificate of Status Desired (\$8.75 Additional Fee Required) 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (AARON, SHIRLEY R) 10. Name and Address of New Registered Agent (81-84 Name, Street Address, City, State, Zip Code)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	AARON, SHIRLEY R	1.2 NAME	
STREET ADDRESS	17554 FAIRMEADOW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	BARTON, PAMELA	2.2 NAME	
STREET ADDRESS	17654 NATHANS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CONNELLY, CHARLOTTE	3.2 NAME	
STREET ADDRESS	17909 HOLLY BROOK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	ARMSTRONG, ELAINE	4.2 NAME	
STREET ADDRESS	9113 WOODRIDGE RUN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	CRAWFORD, ALMA	5.2 NAME	
STREET ADDRESS	9109 WOODRIDGE RUN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	PAVLIK, PATTI	6.2 NAME	
STREET ADDRESS	9220 PINE ISLAND COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley R. Aaron* 1/25/99 813-991-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)