

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90077 014 ****70.00

DOCUMENT # N98000005678 1. Entity Name WOMEN'S CLUB OF HUNTER'S GREEN, INC.			
Principal Place of Business 9218 PINE ISLAND CT. TAMPA, FL 33647		Mailing Address 9218 PINE ISLAND CT. TAMPA, FL 33647	
2. Principal Place of Business 17717 NATHANS DR. Suite, Apt. #, etc.		3. Mailing Address 17717 NATHANS DR Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33647		Zip 33647	
Country USA		Country USA	
4. FEI Number 59-3533257		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIGLIO, ELLEN 9218 PINE ISLAND CT. TAMPA, FL 33647		7. Name and Address of New Registered Agent Name LOUISE ADAMS Street Address (P.O. Box Number is Not Acceptable) 17717 NATHAN'S DR City TAMPA FL 33647	
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 <u><i>Louise M. Adams</i></u> DATE <u>7/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIGLIO, ELLEN 9218 PINE ISLAND CT. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUISE ADAMS 17717 NATHAN'S DR TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITTS, BECKY 8920 MAGNOLIA CHASE CIR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALOISE PARRY 17732 LONG RIDGE RD TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUELLETTE, EILEEN 9327 HAMPSHIRE PARK DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNIE CLARK 9131 WOODRIDGE RUN DR. TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRICKLEY, MAUREEN 18018 AVALON LN. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL STUCZYNSKI 17811 ARBOR GREEN DR. TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEVER, BECKY 8781 ASHWORTH DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSANNE PALAZZOLO 17723 NATHANS DR TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, PAM 17815 GREY BROOKE DR TAMPA, FL 33647 <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 <u><i>Rosanne Palazzolo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/4/05</u> (813) 991-6369 <small>Daytime Phone #</small>	