

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90028 027 *****70.00

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



Principal Place of Business
17717 NATHANS DR
TAMPA, FL 33647

Mailing Address
17725 NATHANS DR
TAMPA, FL 33647



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3533257

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, LOUISE
17717 NATHJANS DR
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, LOUIS 17717 NATHANS DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'SHAUGHNESSY, PAMELA 17721 NATHANS DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALAZZOLO, ROSANNE 17723 NATHANS DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOULIHAN, KATHY 10515 BERMUDA ISLE DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUDDER, MARGARET 17725 NATHANS DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Margaret Kudder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margaret Kudder

3/16/07

Date

813-907-9578

Daytime Phone #