

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067059

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LEE COUNTY BUSINESS WOMEN, INC.

## Current Principal Place of Business:

13611 MCGREGOR BLVD  
8  
FORT MYERS, FL 33919

## New Principal Place of Business:

C/O 15270 CRICKET LANE  
FORT MYERS, FL 33919

## Current Mailing Address:

15270 CRICKET LANE  
FORT MYERS, FL 33919

## New Mailing Address:

8695 COLLEGE PARKWAY  
07173  
FORT MYERS, FL 33919

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWARTZ-NARGI, ROBIN  
15270 CRICKET LANE  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

SCHWARTZ-NARGI, ROBIN  
8695 COLLEGE PARKWAY  
07173  
FORT MYERS, FL 33919 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: SCHWARTZ-NARGI ROBIN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHWARTZ-NARGI, ROBIN  
Address: 15270 CRICKET LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCHWARTZ-NARGI, ROBIN  
Address: 8695 COLLEGE PARKWAY #07173  
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Change (X) Addition  
Name: ARMAND, NARGI  
Address: 8695 COLLEGE PARKWAY #07173  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCHWARTZ-NARGI ROBIN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date