2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2021
Secretary of State
5304824008CC

DOCUMENT# N07344

Entity Name: BEVERLY HILLS FISHING CLUB INC.

Current Principal Place of Business:

MYRON WAMBOLD
5176 N EVANSTON TERRACE
HERNANDO, FL 34442

Current Mailing Address:

BEVERLY HILLS FISHING CLUB
PO BOX 640523
BEVERLY HILLS, FL 34464-0523 US

FEI Number: 59-2471767

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOELET, KAREN
715 W. STARJASMINE PL
BEVERLY HILLS, FL 34465 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: KAREN GOELET 01/20/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	WAMBOLD, MYRON
Address	5176 N EVANSTON TERRACE
City-State-Zip:	HERNANDO FL 34442

Title	DT
Name	GOELET, KAREN
Address	715 W. STARJASMINE PL
City-State-Zip:	BEVERLY HILLS FL 34465

Title	ASST. SECRETARY
Name	MOORE, LINDA
Address	6182 W OLIVE BRANCH LOOP
City-State-Zip:	CRYSTAL RIVER FL 34428

Title	DIRECTOR
Name	BROOKS, BERNAETTE
Address	2403 N. ANDREA PT.
City-State-Zip:	HERNANDO FL 34461

Title	VP
Name	MAXWELL, SHARON
Address	3050 W. MUSTANG BLVD
City-State-Zip:	BEVERLY HILLS FL 34465

Title	AT
Name	UVA, DENISE
Address	435 E. KELLER CT.
City-State-Zip:	HERNANDO FL 34442

Title	SECRETARY
Name	TURNER, PAT
Address	1944 N GIBSON PT.
City-State-Zip:	HERNANDO FL 34442

Title	DIRECTOR
Name	FOWLER, DARLA
Address	1179 W SKYVIEW LANDING DR
City-State-Zip:	HERNANDO FL 34442

Continues on page 2

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: KAREN GOELET TREASURER 01/20/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FULKS, MARIE
Address	12 W NORWOOD PL
City-State-Zip:	CITRUS SPRINGS FL 34434

Title	DIRECTOR
Name	MORAN, STEPHEN
Address	9215 N CHARLES PT.
City-State-Zip:	CITRUS SPRINGS FL 34434

Title	DIRECTOR
Name	ROSALES, DELORES
Address	3590 WILLOW TREE
City-State-Zip:	BEVERLY HILLS FL 34465