

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007468

**Entity Name:** THE WOMAN'S CLUB OF STUART, INC.

**Current Principal Place of Business:**

729 SE OCEAN BLVD.  
STUART, FL 34994

**Current Mailing Address:**

729 SE OCEAN BLVD.  
STUART, FL 34994

**FEI Number:** 27-3198170

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARGANA, MARIE  
729 SE OCEAN BLVD.  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name SALISBURY, MONA  
Address 2832 SW BEAR PAW TRAIL  
City-State-Zip: PALM CITY FL 34990

Title P  
Name ALVERSON, PAMELA  
Address 711 SW RIVER DRIVE  
APT. 102  
City-State-Zip: STUART FL 34997

Title SEC  
Name BRAVOCO, CARISA  
Address 532 NW WINDFLOWER TERRACE  
City-State-Zip: JENSEN BEACH FL 34957

Title TREASURER  
Name ARGANA, MARIE G  
Address 7004 SE TWIN OAKS CIRCLE  
City-State-Zip: STUART FL 34997

Title ASST. TREASURER  
Name MURGOLO, CONNIE  
Address 3655 SW WHISPERING SOUND DRIVE  
City-State-Zip: PALM CITY FL 34990

*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:** MARIE G. ARGANA

**TREASURER**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date