

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24731

Entity Name: FRIENDSHIP CLUB OF WARM MINERAL SPRINGS, INC.**Current Principal Place of Business:**12125 WARM MINERAL SPRINGS DRIVE
WARM MINERAL SPRINGS, FL 34287**Current Mailing Address:**12306 ALTAMIRA ST
NORTH PORT, FL 34287**FEI Number:** 65-0093860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROTH, FRITZ
12306 ALTAMIRA ST
WARM MINERAL SPRINGS, FL 34287 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	P
Name	ROTH, ERIKA
Address	12306 ALTAMIRA ST
City-State-Zip:	NORTH PORT FL 34287

Title	VP
Name	HESELER, INGRID
Address	4433 PERSIAN LN:
City-State-Zip:	NORTH PORT FL 34287

Title	2 VP
Name	SCHLOGL, RUTH
Address	18431 MONET AVE.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	TD
Name	SCHLOGL, FRANK
Address	18431 MONET AVE:
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	PAVEK, EUGENE
Address	1515 FOREST NELSON BVD.
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DS
Name	WECKER, SHIRLEY
Address	6885 AMOKO CT.
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	WECKER, WILLIAM
Address	6885 AMOKO CT.
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	HESELER, WALTER
Address	4433 PERSIAN LN.
City-State-Zip:	NORTH PORT FL 34287

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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: FRANK SCHLOGL**TD****01/13/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PAVEK, MARINA
Address 1515 FOREST NELSON BVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title ASST. TREASURER
Name LAVERDIERE, GERDA L
Address 15033 LAKELAND CIRCLE
SOUTH GULF COVE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name BAUMANN, ERWIN
Address 12306 ALTAMIRA
City-State-Zip: NORTH PORT FL 34287