

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002980

Entity Name: THE WOMEN'S CLUB OF LOST LAKE, INC.**Current Principal Place of Business:**8392 SE DOUBLE TREE.
HOBE SOUND, FL 33455**Current Mailing Address:**P.O. BOX 1857
HOBE SOUND, FL 33475**FEI Number: 65-0839058****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOSKALUK, GLORIA
8392 SE DOUBLE TREE DR
HOBE SOUND, FL 33455 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: GLORIA MOSKALUK****04/06/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MOSKALUK, GLORIA
Address 8392 SE DOUBLE TREE.
City-State-Zip: HOBE SOUND FL 33455

Title FIRST VICE PRES.
Name VATIS, VOULA
Address 8293 SE DOUBLETREE
City-State-Zip: HOBE SOUND FL 33455

Title TRES
Name RUMMEL, IRENE
Address 8292 PALM HAMMOCK LN
City-State-Zip: HOBE SOUND FL 33455

Title SECT
Name CATACCHIO, EVELYN
Address 8336 SE PAUROTIS LANE
City-State-Zip: HOBE SOUND FL 33455

Title 2 VICE PRES.
Name GROESCHKE, LORRAINE
Address 8365 SE PALM HAMMOCK LN
City-State-Zip: HOBE SOUND FL 33455

Title DIRE
Name IVANY, SHARON
Address 8109 SE WOODLAKE LANE
City-State-Zip: HOBE SOUND FL 33455

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: SHARON IVANY**DIRECTOR****04/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date