

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006748

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** WELCOME TO TAMPA BAY AREA INTERNATIONAL CLUB, INC.

**Current Principal Place of Business:**

13045 74TH AVENUE NORTH  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

13045 74TH AVENUE NORTH  
SEMINOLE, FL 33776

**New Mailing Address:**

**FEI Number:** 59-3748016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DURR, PADMINI  
13045 74TH AVENUE NORTH  
SEMINOLE, FL 33776 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DURR, PADMINI  
Address: 13045 74TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: FERNANDEZ, MARITZA  
Address: 9525 BLIND PASS ROAD #901  
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

Title: T ( ) Delete  
Name: SAKAMOTO, ELLEN  
Address: 3847 3RD AVE WEST  
City-St-Zip: PALMETTO, FL 34221

Title: P ( ) Delete  
Name: DOBBS, LINDA  
Address: 2296 COFFEE POT BLVD NE  
City-St-Zip: ST PETERSBURG, FL 33704

Title: D (X) Delete  
Name: ABEND, MARY  
Address: 7963 SAILBOAT KEY BLVD #307  
City-St-Zip: SAINT PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOANNE, MORELLI  
Address: 5505 LA PUERTA DEL SOL BLVD S.  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VP (X) Change ( ) Addition  
Name: MICHAELS, KATHY  
Address: 6215 BAHAMA SHORES DR. S.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: T (X) Change ( ) Addition  
Name: SAKAMOTO, ELLEN  
Address: 3816 3RD AVE WEST  
City-St-Zip: PALMETTO, FL 34221

Title: S (X) Change ( ) Addition  
Name: POTTER, JUDITH  
Address: 11886 WALKER AVE.  
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN SAKAMOTO

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date