

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010380

FILED
Jan 23, 2009
Secretary of State

Entity Name: UPSCALE RV ASSOC. INC.

Current Principal Place of Business:

5206 THE POINTE
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

580-584 RUSTY MARSHALL DRIVE
ENGLEWOOD, FL 34223 US

Current Mailing Address:

5206 THE POINTE
ENGLEWOOD, FL 34223 US

New Mailing Address:

PO BOX 974
ATTN: BOBBI FOGO
ENGLEWOOD, FL 34295 US

FEI Number: 20-1852644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGNAM, THOMAS M
5206 THE POINTE
ENGLEWOOD, FL 34223 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: PD () Delete
Name: DIGNAM, THOMAS M
Address: 5206 THE POINTE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: VP () Delete
Name: DIGNAM, DAVID M
Address: 1201 SOUTH MC CALL ROAD
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: T () Delete
Name: FOGO, ERIC
Address: PO BOX 974
City-St-Zip: ENGLEWOOD, FL 34295 US

Title: S () Delete
Name: EDWARDS, LESLIE D
Address: 1235 HIGHLAND AVE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: THOMAS DIGNAM

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date