

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90029 037 ****70.00

DOCUMENT # N95000000490 1. Entity Name ALANO BEACH CLUB, INC.					
Principal Place of Business 4615 GULF BLVD SUITE 112 ST PETE BEACH, FL 33706 US			Mailing Address 4615 GULF BLVD., SUITE 112 ST PETE BEACH, FL 33706 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01222007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3240397				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JOHNSON, BRIAN E 7190 SEMINOLE BOULEVARD SEMINOLE, FL 33772	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISHER, TINA 940 BOCA CIEGA ISLE DRIVE ST PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Dolan, Thomas 5900 Bahia del Mar Cir., #135 St Petersburg, FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FISHER, DALE 940 BOCA CIEGA ISLE DRIVE ST PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIP, SALLY 4450 GULF BLVD, #501 ST PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARLSON, SHANE 919 SANDPIPER WAY SOUTH ST PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Carlson, Shane 919 Sandpiper Way So St. Petersburg, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM LUNDBECK, GORDON 7427 4TH AVE., N ST PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lundbeck, Gordon 7427 4th Ave, N St Petersburg, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KIP, PETER 4450 GULF BLVD, #501 ST PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gina Fisher</i>			1-23-07 727-455-5385		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		