

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002328

FILED
Jul 08, 2009
Secretary of State

Entity Name: THE NEW JERSEY CLUB OF SPRING HILL, INC.

Current Principal Place of Business:

ANTHONY DIAMORE
3315 DOTHAN AVE
SPRING HILL, FL 34609

New Principal Place of Business:

ADOLPH WALTERS
2612 HIDDEN PINES DRIVE
SPRING HILL, FL 34606

Current Mailing Address:

ANTHONY DIAMORE
3315 DOTHAN AVE
SPRING HILL, FL 34609

New Mailing Address:

ADOLPH WALTERS
2612 HIDDEN PINES DRIVE
SPRING HILL, FL 34606

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALTERS, ADOLPH
2612 HIDDEN PINES DRIVE
SPRING HILL, FL 34606 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRECCO, JAMES
Address: 12286 BAXLEY ST
City-St-Zip: SPRING HILL, FL 34608

Title: T () Delete
Name: WALTERS, ADOLPH
Address: 2612 HIDDEN PINES DR
City-St-Zip: SPRING HILL, FL 34606

Title: S () Delete
Name: BARALL, ANITA
Address: 5227 FAIRHAVEN AVE
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: WITTLIF, RICHARD
Address: 10047 HAYWARD RD
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: BHRALL, TODD
Address: 5227 FAIRHAURN AVE
City-St-Zip: SPRING HILL, FL 34608

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:

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: ADOLPH WALTERS

T

07/08/2009

Electronic Signature of Signing Officer or Director

_____ Date