

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45719

FILED
Jan 16, 2009
Secretary of State

Entity Name: AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA REGION, INC.

Current Principal Place of Business:

25 CYPRESS LOOP
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1284
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 65-0305151 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ERLENMEYER, JULIE
25 CYPRESS LOOP
LAKE ALFRED, FL 33850 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: VP () Delete
Name: WILLIAMS, HUGH
Address: 515 W GATEWAY CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: COWAN, SUSAN
Address: 13220 HOUSTON AVE
City-St-Zip: HUDSON, FL 34667

Title: P () Delete
Name: BARNOTT, TINA
Address: 1427 ARGYLE DR
City-St-Zip: FORT MYERS, FL 33919

Title: ST () Delete
Name: ERLNMEYER, JULIE
Address: 25 CYPRESS LOOP
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: GOEZ, GUS
Address: 275 E CENTRAL PKWY APT 1626
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, HUGH
Address: 515 W. GATEWAY CT.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP (X) Change () Addition
Name: ZADANOFF, WALT
Address: P.O. BOX 219
City-St-Zip: LAND O' LAKES, FL 34639

Title: ST (X) Change () Addition
Name: ERLNMEYER, JULIE
Address: 25 CYPRESS LOOP
City-St-Zip: LAKE ALFRED, FL 33850

Title: D (X) Change () Addition
Name: LOMBARDI, DAVE
Address: 2932 SUN COVE DR.
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change () Addition
Name: MEYER, KEN
Address: 1164 CACTUS CUT RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Change (X) Addition
Name: NIQUETTE, RENEE
Address: 19335 DOVE RD.
City-St-Zip: LAND O' LAKES, FL 34638

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: JULIE ERLNMEYER

ST

01/16/2009

Electronic Signature of Signing Officer or Director

Date