

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18625

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** REBOS CLUB OF NEW SMYRNA BEACH, INC.

**Current Principal Place of Business:**

2120 S RIDGEWOOD AVE, #7B  
EDGEWATER, FL 32141 US

**New Principal Place of Business:**

**Current Mailing Address:**

2120 S RIDGEWOOD AVE, #7B  
EDGEWATER, FL 32141 US

**New Mailing Address:**

**FEI Number:** 59-2914039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TATRO, BERNARD  
2120 S RIDGEWOOD AVE, #7B  
EDGEWATER, FL 32132 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: WESTBERRY, ROY  
Address: 261 ADAMS STREET  
City-St-Zip: OAK HILL, FL 32759 US

Title: SD ( ) Delete  
Name: GEBHART, BLAKE  
Address: 401 JOYCE STREET  
City-St-Zip: EDGEWATER, FL 32132 US

Title: TD ( ) Delete  
Name: GEBHART, BRENDA  
Address: 401 JOYCE STREET  
City-St-Zip: EDGEWATER, FL 32132 US

Title: P ( ) Delete  
Name: LEBLANC, DAVID  
Address: 432 CAROLYN STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D ( ) Delete  
Name: TATRO, BERNARD  
Address: P O BOX 265  
City-St-Zip: EDGEWATER, FL 32141 US

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

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

Title: P (X) Change ( ) Addition  
Name: SHARFSTEIN, FRED C  
Address: 316 QUAY ASSISI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: SD (X) Change ( ) Addition  
Name: LEBLANC, ROSEMARY  
Address: 432 CAROLYN STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: TD (X) Change ( ) Addition  
Name: LEBLANC, DAVID  
Address: 432 CAROLYN STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: FRED C. SHARFSTEIN

PRES

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date