2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N04000010661

Entity Name: STUART AREA ALUMNAE PANHELLENIC ASSOC, INC.

Current Principal Place of Business:

984 S.E. WILLOUGHBY TRACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

984 S.E. WILLOUGHBY TRACE
STUART, FL 34997

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAY, JUDY
984 S.E. WILLOUGHBY TRACE
STUART, FL 34997 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: P ( ) Delete
Name: MACDONALD, JILL
Address: 1503 BATTON BUSH CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete
Name: LUNSFORD, JO
Address: 3312 S.E. CAMBRIDGE DR.
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete
Name: DOROTHY, MILLER
Address: 3404 S.E. INLET HARBOR JT.
City-St-Zip: STUART, FL 34996

Title: T ( ) Delete
Name: JUDY, LAY
Address: 984 SE WILLOUGHBY TRACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACDONALD, JILL
Address: 1503 BUTTON BUSH CIRCLE
City-St-Zip: PALM CITY, FL 34990

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: JUDY T. LAY T 03/11/2009
Electronic Signature of Signing Officer or Director — Date