2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2010
Secretary of State

DOCUMENT# N45719

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: P
Name: ZADANOFF, WALT
Address: P.O. BOX 219
City-St-Zip: LAND O' LAKES, FL 34639

Title: VP
Name: NIQUETTE, RENE
Address: 6391 - 62ND WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: ST
Name: ERLENMEYER, JULIE
Address: 25 CYPRESS LOOP
City-St-Zip: LAKE ALFRED, FL 33850

Title: D
Name: ANDERSON, MIKE
Address: 2501 MAYUN DR.
City-St-Zip: TRINITY, FL 34655

Title: D
Name: LYMAN, BG
Address: P.O. BOX 2809
City-St-Zip: LANE O' LAKES, FL 34639

Title: D
Name: BROWN, DAVE
Address: 1540 THE OAKS BLVD.
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: JULIE ERLENMEYER ST 01/29/2010

Electronic Signature of Signing Officer or Director Date