

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700060

FILED
Apr 28, 2009
Secretary of State

Entity Name: DAETWYLER SHORES ASSOCIATION INC

Current Principal Place of Business:

2914 TRENTWOOD BLVD.
BELLE ISLE, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

2914 TRENTWOOD BLVD.
BELL ISLE, FL 32812 US

New Mailing Address:

FEI Number: 59-2418786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINCOLN, BRUCE
3013 TRENTWOOD BLVD.
BELLE ISLE, FL 32812 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: PD () Delete
Name: STARCEVICH, ROD
Address: 3113 TRENTWOOD BLVD.
City-St-Zip: BELLE ISLE, FL 32812 US

Title: VPD () Delete
Name: LUEDERS, JACKIE
Address: 3014 TRENTWOOD BLVD.
City-St-Zip: BELLE ISLE, FL 32812 US

Title: D () Delete
Name: LAND, DELLA
Address: 3306 TRENTWOOD BLVD
City-St-Zip: BELLE ISLE, FL 32812 US

Title: VPD () Delete
Name: SCHMIDT, MIKE
Address: 2900 TRENTWOOD BLVD
City-St-Zip: BELLE ISLE, FL 32812 US

Title: SD () Delete
Name: STUDER, CAROL
Address: 2914 TRENTWOOD BLVD.
City-St-Zip: BELLE ISLE, FL 32812 US

Title: D () Delete
Name: LANCE, JAMES
Address: 3333 FLOWERTREE RD.
City-St-Zip: BELLE ISLE, FL 32812 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: STARK, MIKE
Address: 2901 FLOWERTREE RD.
City-St-Zip: BELLE ISLE, FL 32812 US

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: D (X) Change () Addition
Name: VAHLE, DARREL
Address: 3408 FLOWERTREE RD.
City-St-Zip: BELLE ISLE, FL 32812 US

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: BOBBY LANCE

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04/28/2009

Electronic Signature of Signing Officer or Director

Date