

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702602

FILED
Apr 30, 2009
Secretary of State

Entity Name: STUART SAILFISH CLUB INC

Current Principal Place of Business:

4307 SE BAYVIEW STREET
STUART, FL 34997 US

New Principal Place of Business:

3585 SE ST. LUCIE BLVD
STUART, FL 34997 US

Current Mailing Address:

P. O. BOX 1498
PORT SALERNO, FL 34992 US

New Mailing Address:

FEI Number: 59-6155063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIGGS, CHAR
3414 NE INDIAN DR.
JENSEN BEACH, FL 34957 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: V () Delete
Name: POWELL, DAVID
Address: 2831 SE ST. LUCIE BLVD
City-St-Zip: STUART, FL 34997 US

Title: P () Delete
Name: KUBIAK, ANDY
Address: 5398 SE MANOR WAY
City-St-Zip: STUART, FL 34997 US

Title: V () Delete
Name: MILLS, DAVID
Address: 3877 SE BARCELONA AVE.
City-St-Zip: STUART, FL 34997 US

Title: S () Delete
Name: WICHES, SARAH
Address: 4393 SE INLET PLACE
City-St-Zip: STUART, FL 34997 US

Title: T () Delete
Name: CAHILL, RYAN
Address: 5888 SE RIVERBOAT DR.
City-St-Zip: STUART, FL 34997 US

Title: D (X) Delete
Name: BUTCHER, STEVE
Address: 312 SW WINNACHEE DR.
City-St-Zip: STUART, FL 34996 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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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: CHAR GRIGGS

MRS.

04/30/2009

Electronic Signature of Signing Officer or Director

Date