2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 704191

Entity Name: SENIOR CITIZENS CLUB LANTANA, FLORIDA, INC.

Current Principal Place of Business:

IRIS AND DIXIE
BOX 3303
LANTANA, FL 334653303

New Principal Place of Business:

Current Mailing Address:

IRIS AND DIXIE
BOX 3303
LANTANA, FL 334653303

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:

SCARBERRY, GRACE
1127 PINES WAY
LANTANA, FL 33462 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:	HAND, JANE	
Address:	896 N. FEDERAL HWY #432	
City-St-Zip:	LANTANA, FL 33462	
Title:	V	( ) Delete
Name:	ANTONETTE, TERRY	
Address:	229 N. K ST	
City-St-Zip:	LAKE WORTH, FL	
Title:	S	( ) Delete
Name:	JOHNSON, ANNE	
Address:	1127 PINE WAY	
City-St-Zip:	LANTANA, FL 33462	
Title:	T	( ) Delete
Name:	HAND, ROBERT	
Address:	896 N FEDERAL HWY #432	
City-St-Zip:	LANTANA, FL 33462	
Title:	D	( ) Delete
Name:	VITO, LEONE	
Address:	1 N GOLFVIEW # 203	
City-St-Zip:	LAKE WORTH, FL	
Title:	CS	( ) Delete
Name:	SCARBERRY, GRACE	
Address:	1127 PINES WAY	
City-St-Zip:	LANTANA, FL 33462	

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
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: GRACE SCARBERRY C.S. 01/27/2009
Electronic Signature of Signing Officer or Director — Date