

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705902

FILED
Apr 22, 2009
Secretary of State

Entity Name: MARLANDO CLUB OF ORLANDO, INC.

Current Principal Place of Business:

1621 BOYER ST
LONGWOOD, FL 327506287

New Principal Place of Business:

Current Mailing Address:

1621 BOYER ST
LONGWOOD, FL 327506287

New Mailing Address:

FEI Number: 59-6132820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONKLIN, ELIZABETH K
1621 BOYER ST
LONGWOOD, FL 327506287 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: NODEN, MARLENE
Address: 18950 US HWY 441 #307
City-St-Zip: MOUNT DORA, FL 327576730

Title: VP () Delete
Name: GREEN, ADELE
Address: 469 MEADOWOOD BLVD
City-St-Zip: FERN PARK, FL 327302942

Title: VP () Delete
Name: BOBROWSKI, CAROL
Address: 2959 SABEL OAK PL
City-St-Zip: OVIEDO, FL 327659195

Title: T () Delete
Name: DAVICH, IRENE
Address: 690 OSCEOLA AVE #303
City-St-Zip: WINTER PARK, FL 327894408

Title: SD () Delete
Name: CIEKOT, DOROTHY
Address: 2902 OVERLAKE AVE
City-St-Zip: ORLANDO, FL 328067457

Title: VPD () Delete
Name: CONKLIN, ELIZABETH K
Address: 1621 BOYER ST
City-St-Zip: LONGWOOD, FL 327506287

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: VPD (X) Change () Addition
Name: TOTH, JOAN
Address: 1444 AUBURN GREEN LOOP
City-St-Zip: WINTER PARK, FL 327926181

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: MARLENE NODEN

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date