


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90057 013 \*\*\*\*61.25

<b>DOCUMENT # 710987</b> 1. Entity Name <b>ST. PETE BEACH COMMUNITY CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 66373</b> <b>ST PETE BEACH, FL 33736 US</b>			Mailing Address <b>P.O. BOX 66373</b> <b>ST PETE BEACH, FL 33736</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6153182</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRISZOLOWSKI, MARIE</b> <b>4120 BELLE VISTA DRIVE</b> <b>SAINT PETERSBURG BEACH, FL 33706</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRISZOLOWSKI, MARIE</b>		NAME		
STREET ADDRESS	<b>4120 BELLE-VISTA-DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETE BEACH, FL 33706</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILLER, ANNAMARIE</b>		NAME		
STREET ADDRESS	<b>253 44TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETE BEACH, FL 33706</b>		CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LYONS-ANNE-WHITTIER, MARY</b>		NAME		
STREET ADDRESS	<b>1819 SHORE DRIVE SO #311</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33707</b>		CITY-ST-ZIP		
TITLE	CSR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASAMO, BEA</b>		NAME		
STREET ADDRESS	<b>476 44ST AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETE BEACH, FL 33706</b>		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRYLINKE, MARY JANE</b>		NAME		
STREET ADDRESS	<b>440 48 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33706</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: ANNAMARIE MILLER 1ST VPD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8/18/2007 727-4919</b> <small>Date Daytime Phone #</small>		