2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710987

Apr 24, 2009 Secretary of State

Entity Name: ST. PETE BEACH COMMUNITY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 66373 4120 BELLE VISTA DRIVE

ST PETE BEACH, FL 33736 US US ST PETE BEACH, FL 33706

Current Mailing Address: New Mailing Address:

P.O. BOX 66373

ST PETE BEACH, FL 33736

FEI Number: 59-6153182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRISZOLOWSKI, MARIE 4120 BELLE VISTA DRIVE ST PETE BEACH, FL 33706

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:

Date

Electronic Signature of Registered Agent

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FRISZOLOWSKI, MARIE FRISZOLOWSKI, MARIE Name: Name: 4120 BELLE-VISTA-DRIVE Address: 4120 BELLE VISTA DRIVE Address: City-St-Zip: ST. PETE BEACH, FL 33706 City-St-Zip: ST. PETE BEACH, FL 33706

Title: () Delete Title: (X) Change () Addition

LYONS-ANNE-WHITTIER, MARY Name: MAHLE, SHIRLEY Name: Address: 1819 SHORE DRIVE SO #311 Address: 5235 5TH AVENUE NORTH City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VD. () Delete Title: VP2 (X) Change () Addition

ROBERTS, PAULINE ANDERSON, BROOKE Name: Name: 301 41ST AVENUE Address: 1847 SHORE DR S Address:

City-St-Zip: SOUTH PASADENA, FL 33707 City-St-Zip: ST. PETE BEACH, FL 33706

Title: () Delete Title: SEC () Change (X) Addition

WEISS, JOAN Name: Name: 6161 GULF WINDS DRIVE Address: Address: City-St-Zip: City-St-Zip: ST. PETE BEACH, FL 33706

Title: () Delete Title: () Change (X) Addition

Name: Name: AUGELLO, MIMI

2253 WEST VINA DEL MAR BOULEVARD Address: Address:

City-St-Zip: City-St-Zip: ST. PETE BEACH, FL 33706

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: MARIE FRISZOLOWSKI **PRES** 04/24/2009