

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714067

FILED
Mar 09, 2009
Secretary of State

Entity Name: NOKOMIS EAST ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 147
NOKOMIS, FL 342740147 US

New Principal Place of Business:

602 ROBERTS BAY DRIVE
NOKOMIS, FL 342740147 US

Current Mailing Address:

PO BOX 147
NOKOMIS, FL 342740147 US

New Mailing Address:

FEI Number: 59-6196116 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CUDDY, JAMES R
602 ROBERTS WAY BAY DRIVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

CUDDY, JAMES R
602 ROBERTS BAY DRIVE
NOKOMIS, FL 34275 US

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:

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUDDY, JAMES
Address: 602 ROBERTS BAY DR
City-St-Zip: NOKOMIS, FL 34275

Title: V () Delete
Name: DILLON, BRUC4E
Address: 700 PADUA CT
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: CUDDY, SHIRLEY
Address: 602 ROBERTS BAY DR
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: SAMANN, ANN
Address: 105 S. PORTIA
City-St-Zip: NOKOMIS, FL 34275

Title: BM () Delete
Name: WATSON, KEITH
Address: 219 RAVENNA
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: SHIMERDA, JOAN
Address: 602 N. PORTIA
City-St-Zip: NOKOMIS, FL 34275

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: T (X) Change () Addition
Name: DILLON, PAM
Address: 700 PAUDA CT
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: SHIMERDA, JOAN
Address: 602 N. PORTIA
City-St-Zip: NOKOMIS, FL 34275

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: SHIRLEY CUDDY

SEC

03/09/2009

Electronic Signature of Signing Officer or Director

Date