

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714841

FILED
Mar 31, 2009
Secretary of State

Entity Name: HERMITS COVE COMMUNITY CLUB INC

Current Principal Place of Business:

200 HERMIT DRIVE
SATSUMA, FL 32189

New Principal Place of Business:

Current Mailing Address:

200 HERMIT DRIVE
SATSUMA, FL 32189

New Mailing Address:

FEI Number: 59-1216935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREEDEN, KATHERINE
211 HERMIT DR
SATSUMA, FL 32189 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: ST. CLAIR, ROBERT
Address: 112 CAMELLIA DR
City-St-Zip: SATSUMA, FL 32189

Title: VP () Delete
Name: SHASTEEN, CHARLES
Address: 106 CAMELLIA DR
City-St-Zip: SATSUMA, FL 32189

Title: T () Delete
Name: BREEDEN, KATHERINE
Address: 211 HERMIT DR
City-St-Zip: SATSUMA, FL 32189

Title: S () Delete
Name: BENSON, NORBERT
Address: 302 COVE DR
City-St-Zip: SATSUMA, FL 32189

Title: D () Delete
Name: BRONN, MARGE
Address: 133 PINE LAKE DR
City-St-Zip: SATSUMA, FL 32189

Title: D () Delete
Name: RAINS, JENILAE
Address: 116 CAMELLIA
City-St-Zip: SATSUMA, FL 32189

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
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Address:
City-St-Zip:

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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: KATHERINE BREEDEN

MRS

03/31/2009

Electronic Signature of Signing Officer or Director

Date