

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728154

FILED
Apr 14, 2009
Secretary of State

Entity Name: COLONY BEACH & TENNIS CLUB ASSOCIATION, INC.

Current Principal Place of Business:

1620 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

1620 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Current Mailing Address:

BETH CALLANS MANAGEMETN
595 BAY ISLES ROAD #200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1519496 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT
595 BAY ISLES ROAD #200
LONGBOAT KEY, FL 34228 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: ADAMS, ANDY
Address: 801 MOORELAND LANE
City-St-Zip: MURFREESBORO, TN 37128

Title: TD () Delete
Name: ERAZMUS, BOB
Address: 2207 HIDDEN CREEK COURT
City-St-Zip: LISLE, IL 60532

Title: S () Delete
Name: FELTHAM, DEAN
Address: 21 ELM RIDGE ACRES ROAD
City-St-Zip: THORNHILL, ON L3T 1W2 CA

Title: D () Delete
Name: LIPTON, HERB
Address: 233 S. 6TH STREET APT 1209
City-St-Zip: PHILADELPHIA, PA 19106

Title: VP () Delete
Name: YABLON, JAY
Address: 910 NORTHUMBERLAND DRIVE
City-St-Zip: SCHENECTADY, NY 12309

Title: D () Delete
Name: KREINDLER, RUTH
Address: 1281 GULF OF MEXICO DRIVE #201
City-St-Zip: LONGBOAT KEY, FL 34228

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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City-St-Zip:

Title: () Change () Addition
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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: ANDY ADAMS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date