## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#729890** 

FILED Apr 15, 2009 Secretary of State

Entity Name: PORT SEWALL HARBOR AND TENNIS CLUB OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** BRISTOL MANAGEMENT SERV 543 NW LAKE WHITNEY PL #101 PORT SAINT LUCIE, FL 34986 US **New Mailing Address: Current Mailing Address:** BRISTOL MANAGEMENT SERV 543 NW LAKE WHITNEY PL #101 PORT SAINT LUCIE, FL 34986 FEI Number: 59-2403363 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: EARLE BONAN, ROSS PA 759 S FEDERAL HWY STE 212 STUART, FL 34994 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CONRAD, ROSEANN Name: Name: 2985 GLASGOW DRIVE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: PD (X) Change ( ) Addition WENDELL, KENNETH Name: WENDELL, KENNETH Name: Address: 3026 SE GLASGOW DRIVE Address: 3026 SE GLASGOW DRIVE City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: CSD () Delete Title: () Change () Addition MITCHELL, SHAWN Name: Name: 3094 QUANSET CIRCLE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: ( ) Delete Title: TD (X) Change ( ) Addition Name: DEPOLO, DONALD Name: DEPOLO, DONALD Address: 3561 SE MICANOPY TERRACE Address: 3561 SE MICANOPY TERRACE City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: RSD () Delete Title: () Change () Addition STEVENS, PATRICIA Name: Name: 3494 SE NARRAGANSETT TER Address: Address: City-St-Zip: STUART, FL 34997 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: KENNETH WENDELL PRES 04/15/2009