

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732454

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE TROPICAL SHORES CIVIC CLUB, INC.

Current Principal Place of Business:

1601 LIVINGSTONE ST
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1601 LIVINGSTONE ST
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-1030574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZ, JAY
1613 WHARF RD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

SCOTT, JAMES
1641 COLLEEN ST
SARASOTA, FL 34231 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: JAMES SCOTT

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORENZ, JAY
Address: 1613 WHARF RD
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: GUESS, GEORGE
Address: 1615 DUNMORE WAY
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: BLEACH, KIMBERLY
Address: 1715 LIVINGSTONE ST
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: LORENZ, THERESA
Address: 1613 WHARF RD
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: JOHNSON, ED
Address: 1607 LIVINGSTONE ST
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: ROMANCE, MARK
Address: 1627 WHARF RD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCOTT, JAMES
Address: 1641 COLLEEN ST
City-St-Zip: SARASOTA, FL 34231

Title: TD (X) Change () Addition
Name: MATTISON, BRIAN
Address: 1621 WHARF RD
City-St-Zip: SARASOTA, FL 34231

Title: SD (X) Change () Addition
Name: BRUCE, ROBERT
Address: 1673 JOYCE ST
City-St-Zip: SARASOTA, FL 34231

Title: VD (X) Change () Addition
Name: THOMPSON, DEAN
Address: 1668 COLLEEN ST
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
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: BRIAN MATTISON

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date