

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733806

FILED
Jun 26, 2009
Secretary of State

Entity Name: THE COLUMBIAN CLUB OF MARTIN COUNTY, INC.

Current Principal Place of Business:

7251 SW GAINES AVE
STUART, FL 349977317

New Principal Place of Business:

Current Mailing Address:

7251 SW GAINES AVE
STUART, FL 349977317

New Mailing Address:

FEI Number: 59-1724176 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DALE, MICHAEL L
5154 SE FEDERAL HIGHWAY
STUART, FL 34997 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:

Title: P () Delete
Name: FISK, MILES
Address: 1271 SE PARKVIEW PL H9
City-St-Zip: STUART, FL 34994

Title: P () Delete
Name: DE MIER, ANTHONY
Address: 1104 SW PIGEON PLUM WAY
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: ROLLAND, JOHN
Address: 1389 SW SEAHAWK WAY
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: HARR, HAROLD
Address: 6803 SE WILLIAMBURG PR-105
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: WEINER, LEONARD
Address: 1011 SW TAMARROW PLACE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: CONDON, JOHN
Address: 8913 SE HAWKS NE ST COURT
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CUCCI, LOUIS
Address: 5459 SE GRAHAM DR.
City-St-Zip: STUART, FL 34997

Title: VP (X) Change () Addition
Name: SARUBE, LOUIS
Address: 4957 SE DEVONWOOD WAY
City-St-Zip: STUART, FL 34997

Title: T (X) Change () Addition
Name: O'GORMAN, PATRICK
Address: 2970 SW BRIGHTON WAY
City-St-Zip: PALM CITY, FL 34990

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

Title: D (X) Change () Addition
Name: SCHWEIZER, THOMAS
Address: 6505 SW GAINES AVE
City-St-Zip: STUART, FL 34997

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: LOUIS CUCCI

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date