## **2008 NOT-FOR-PROFIT CORPORATION**

## **FILED** Apr 28, 2008 8:00 am

ANNUAL REPORT							Secretary of State			
DOCUMENT #733855							04-28-2008 90331 050 ****61.25			
1. Entity Nan	ne	CLUB, INC.					04	1-28-2008 903	331 050 ****61.	25
EVICTAL	D ISLE C	LUB, INC.								
Principal Place of Business Mailing Address					1		4			
770 SUNDIAL COURT 7			770 SUNDIAL COURT							
FURI WALIL	ON BCH., FL	32548-6063	FORT WALTON B	FORT WALTON BCH., FL 32548-6063						
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			04242008 C	hg-NP	CR2E037 (12/06)		
City & Star	te		City & State				4. FEI Number 54-101005	54	<del></del>	oplied For
Zip	ip Country		Zip		untry	5. Certificate of Status Desired S8.75 Additional			litional	
	6. Name	and Address of Current R	egistered Agent	stered Agent			7. Name and Address of New Registered Agent			
DAVE TUEODODE D					Name				.our ou rigerit	<del></del>
-202 ANGE	LFIGH-	22 Deal P	Kwy SW	wy Sw		ddress (	P.O. Box Number is	Not Acceptable)		
FORT WA	TION REV	ACH, FL 32548							·	
	:	:			City				FL Zip Cod	e
8. The above the obligation	named entit	y submits this statement for tered agent.	he purpose of chang	ing its registe	red office or	r register	ed agent, or both, in	the State of Florid	la. I am familiar with,	and accept
	-10		1 .11	,		$\bigcirc$	/	11	_	
SIGNATURE		COMMUNICATION (A)	to the	dore		150	he		24-200	<u> </u>
**		4.	полич аррисация.	(NOTE: Hegister	eo Agent signat	nue redinased	when reinstating)	T	DATE	
Filing Fee Is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State			
10.	Ϊ́Р	OFFICERS AND DIRE		11.			ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10
TITLE NAME	1.	HERBERT	☐ Delete	TITI NAA					☐ Change	Addition
STREET ADDRESS	1	VERSTICK RD.			EET ADDRESS					
CITY-ST-ZIP	<b></b>	IN 46033		CIT	r-ST-ZIP					
TITLE	V	\&#I I I &&&</td><td>Delete</td><td></td><td></td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></tr><tr><td>NAME STREET ADDRESS</td><td>BUSSEY,</td><td>DAIL CT UNIT 300</td><td></td><td>NAA CTD</td><td>AE EET ADDRESS</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>1</td><td>LTON BEACH, FL 3254</td><td>8</td><td></td><td>r-ST-ZIP</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td>s</td><td>•</td><td>☐ Delete</td><td>TITE</td><td>E</td><td></td><td></td><td><del> </del></td><td>☐ Change</td><td>☐ Addition</td></tr><tr><td>NAME</td><td>MOORE,</td><td></td><td></td><td>NAA</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS CITY-ST-ZIP</td><td>12 EGLIN</td><td>DR R, FL 32579</td><td></td><td></td><td>EET ADDRESS (-ST-ZIP</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td>D</td><td>11,112 32373</td><td>□ Delete</td><td></td><td></td><td>V</td><td></td><td><del></del>-</td><td></td><td>C March</td></tr><tr><td>NAME</td><td></td><td>KA, THOMAS</td><td>L Delete</td><td>NAA.</td><td>1</td><td><b>V</b></td><td></td><td></td><td>Change</td><td>☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>4</td><td>DIAL CT. #212</td><td></td><td>STR</td><td>EET ADORESS</td><td></td><td></td><td></td><td>•</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><del> </del></td><td>ON BEACH, FL 32548</td><td></td><td></td><td>r-ST-ZIP</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td>D COVE ED</td><td>ם ו</td><td>Delete</td><td></td><td></td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></tr><tr><td>NAME STREET ADDRESS</td><td>GOVE, ÉD 415 PERK</td><td>INS DR. UNIT 708</td><td></td><td>NAA CIR</td><td>eet address</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>AVEN, MS 39601</td><td></td><td>8</td><td>-ST-ZIP</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td>AS</td><td></td><td>☐ Delete</td><td></td><td></td><td></td><td></td><td></td><td>☐ Change</td><td>Addition</td></tr><tr><td>NAME STREET ADDRESS</td><td>RAHE, TH</td><td>EODORE D</td><td></td><td>. NAM</td><td></td><td></td><td>•</td><td></td><td>-</td><td></td></tr><tr><td>SINEEL ADDRESS</td><td>LZUZ ANUL</td><td>LLION .</td><td></td><td>■ STR</td><td>EET ADDRESS</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>								

en de la competit 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

FT WALTON BEACH, FL 32548

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR