2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# 733910

Entity Name: NEW PORT CLUB OF VERO BEACH, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
2536 16TH AVE. VERO BEACH, FL 32960 US	

Current Mailing Address:	**New Mailing Address:**
2536 16TH AVE. VERO BEACH, FL 32960 US	

FEI Number: 59-1722256   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:**
DELGROSSO, PAUL J 445 61ST AVE. VERO BEACH, FL 32968 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:

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: SD ( ) Delete Name: SUMMERFIELD, DONNA Address: 5616 38TH PLACE City-St-Zip: VERO BEACH, FL 32966	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: PD ( ) Delete Name: DELGROSSO, PAUL J Address: 445 61ST AVE. City-St-Zip: VERO BEACH, FL 32968	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VD ( ) Delete Name: FROST, DONALD Address: 3009 SE OVERBROOK DRIVE City-St-Zip: PORT ST. LUCIE, FL 34952	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: TD ( ) Delete Name: SANDERS, ROBERT Address: 1100 PONCE DE LEON CIRCLE W109 City-St-Zip: VERO BEACH, FL 32960	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: DONNA SUMMERFIELD   SD   04/18/2009

Electronic Signature of Signing Officer or Director   Date