2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 740927

Entity Name: PINELAND PARK CLUB INC.

Current Principal Place of Business:

4150 BELAIR LANE
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

% FINANCIAL MANAGEMENT SERVICES
P.O. BOX 11496
NAPLES, FL 341011496

New Mailing Address:

FEI Number: 59-1991003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINANCIAL MGMT SERVICES
1250 TAMIAMI TRAIL NO.
#307
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:	VTD	( ) Delete
Name:	SPOERLEIN, WALTER N	
Address:	4150 BELAIR LANE #210	
City-St-Zip:	NAPLES, FL 34103	
Title:	PD	( ) Delete
Name:	WHEATLEY, PAUL R	
Address:	4150 BELAIR LANE #208	
City-St-Zip:	NAPLES, FL 34103	
Title:	SD	( ) Delete
Name:	LAWRENCE, ROBB L	
Address:	4150 BELAIR LANE #201	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	GROVES, SAM	
Address:	4150 BELAIR LANE #106	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	KELLY, PAUL	
Address:	4150 BELAIR LANE #209	
City-St-Zip:	NAPLES, FL 34103	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MCCARTHY, ELIZABETH L	
Address:	4150 BELAIR LANE #104	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	(X) Change ( ) Addition
Name:	CANNIZZARO, MARY ELLEN	
Address:	4150 BELAIR LANE #204	
City-St-Zip:	NAPLES, FL 34103	
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: DAWN MCCULLOUGH ACCT 04/29/2009

Electronic Signature of Signing Officer or Director — Date