

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749342

FILED
Jan 06, 2009
Secretary of State

Entity Name: BAHAMIAN CLUB OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4150 S ATLANTIC AVE
NEW SMYRNA BCH., FL 32169

New Principal Place of Business:

Current Mailing Address:

4150 S ATLANTIC AVE
NEW SMYRNA BCH., FL 32169

New Mailing Address:

FEI Number: 59-2058193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAJDEL, LINDA
4150 S. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 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: PD () Delete
Name: STAJDEL, LINDA
Address: 1885 CREEKWATER BLVD
City-St-Zip: PORT ORANGE, FL 32128

Title: V () Delete
Name: THOMAS, JEAN
Address: 4150 S ATLANTIC AVE UNIT 121C
City-St-Zip: NEW SMYRNA BCH., FL 32169

Title: TD () Delete
Name: BEARDEN, LOIS
Address: 800 FORMOSA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: EWALD, DANIEL
Address: P.O. BOX 282
City-St-Zip: KILLINGTON, VT 05751

Title: D () Delete
Name: HUGHES, DIANE
Address: P.O. BOX 1961
City-St-Zip: NEW SMYRNA BEACH, FL 32170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HUGHES, DIANE
Address: 4150 S ATLANTIC AVE UNIT 104B
City-St-Zip: NEW SMYRNA BCH., FL 32169

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

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

Title: SEC. (X) Change () Addition
Name: BARENBAUM, MARY JANE
Address: 3611 TRESTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: DIANE FITZGERALD

MGR

01/06/2009

Electronic Signature of Signing Officer or Director

Date