2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 749964

Entity Name: GULF TO BAY CLUB, INC.

Current Principal Place of Business:

113 CASEY KEY RD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

113 CASEY KEY RD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 59-2012333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, NATALIE
5721 GARAFOLA AVE
NORTH PORT, FL 34286 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: AT ( ) Delete
Name: DEBBIE MYERS,
Address: 148 ROBERTS RD
City-St-Zip: NOKOMIS, FL 34275

Title: PD ( ) Delete
Name: STAFFORD, DAVID,
Address: 10 BLACK OAK RD
City-St-Zip: WAYLAND, MA

Title: VD ( ) Delete
Name: ANTONIK, DIANE
Address: 610 BREWER ROAD
City-St-Zip: LEONARD, MI 48367

Title: STD (X) Delete
Name: HAYES, LINDA
Address: 5403 S BURHCETT RD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STAFFORD, DAVID C
Address: 10 BLACK OAK ROAD
City-St-Zip: WAYLAND, MA 01778

Title: STD (X) Change ( ) Addition
Name: HAYES, LINDA
Address: 5403 S BURCHETTE ROAD
City-St-Zip: TAMPA, FL 33647

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

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: DAVID C STAFFORD PD 01/07/2008

Electronic Signature of Signing Officer or Director — Date