2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90032 013 ****61.25

DOCUMENT # 750596

1. Entity Name

TRADERS INN BEACH CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1355 OCEAN SHORE BLVD ORMOND BEACH FL 32176	1355 OCEAN SHORE BLVD ORMOND BEACH FL 32176

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2049243 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAIR, SUSAN 1355 OCEAN SHORE BLVD ORMOND BEACH FL 32176	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUSAN ADAIR 1355 OCEAN SHORE BLVD. ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUZZIFERRO, SHIRLEY 1355 OCEAN SHORE BLVD ORMOND BCH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARKER, PATTI 1355 OCEAN SHORE BLVD ORMOND BCH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUSSER, ELIZABETH 1355 OCEAN SHORE BLVD ORMOND BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Day, Melissa 8998 Orme Road Jacksonville FL 32220 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOPKINS, DON 1355 OCEAN SHORE BLVD ORMOND BCH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Farish, Tom 12333 Valpariso Trail Jacksonville FL 32223 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN STADEN, GEORGE 1355 OCEAN SHORE BLVD ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bishop, Kay 8550 Touchton Road #518 Jacksonville FL 32216 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Susan Adair Secretary Susan Adair 1-30-08 386-441-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #