

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753105

FILED
Mar 27, 2009
Secretary of State

Entity Name: SCOTSDALE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

AMERI-TECH REALITY
1799-B M. BELEHER RD.
CLEARWATER, FL 33765 US

Current Mailing Address:

AMERI-TECH REALITY
1799-B M. BELEHER RD.
CLEARWATER, FL 33765 US

New Principal Place of Business:

AMERI-TECH REALITY
24701 US HIGHWAY 19 N SUITE #102
CLEARWATER, FL 33763 US

New Mailing Address:

AMERI-TECH REALITY
24701 US HIGHWAY 19 N SUITE #102
CLEARWATER, FL 33763 US

FEI Number: 59-1702720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERI-TECH REALITY INC.
1799-B M. BELECHER ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

AMERI-TECH REALITY INC.
24701 US HIGHWAY 19 N SUITE #102
CLEARWATER, FL 33763 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: MICHAEL G PEREZ, PRESIDENT

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WOOLF, ANN
Address: 1295 STONEHAVEN LN
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: KNOPKA, ROBERT
Address: 462 EXMOOR CT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: EVANS, CHUCK
Address: 1201 MONTROSE PL
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: PRIESTER, THOMAS
Address: 381 BERWICK CT
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: VIGER, LEO
Address: 1104 TARRIDON CT
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: EVANS, CHUCK
Address: 1201 MONTROSE PL
City-St-Zip: DUNEDIN, FL 34698

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: THOMAS PRIESTER

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date