

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 005 ****61.25

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DOCUMENT # 754452 1. Entity Name RUDDER CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3160 MATECUMBE KEY RD. PUNTA GORDA, FL 33955 US		Mailing Address P. O. BOX 510504 PUNTA GORDA, FL 33951 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6025 Taylor Rd Suite, Apt. #, etc. #2	
Suite, Apt. #, etc.		City & State Punta Gorda, FL	
City & State		4. FEI Number 59-2053950	
Zip 33950		Country USA	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MGMT 6025 TAYLOR RD. #2 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP ROGIEAS, CHRISTIAN 801 ISLAMURADA BLVD #24B PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Donald audrian 1001 Islamorada Blvd 11A Punta Gorda, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLADISH, ANDY 801 ISLAMORADA BLVD, #23C PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gordon Fogg 1001 Islamorada Blvd # 13B Punta Gorda, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCARTHY, NOREEN 801 ISLAMORADA BLVD. # 23B PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRINDA, DEE 801 ISLAMURADA BLVD #21C PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGNOTTA, JOHN 2975 HEMLOCK FARMS HAWLEY, PA 18428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINDA, JOHN 801 ISLAMURADA BLVD #21C PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Dee Brinda</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/31/07</u> Daytime Phone # _____	