

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759306

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: DRIFTWOOD BEACH CLUB ASSOCIATION, INC.

**Current Principal Place of Business:**

4417 EL MAR DRIVE  
LAUDERDALE-BY-THE-SEA, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4417 EL MAR DRIVE  
LAUD BY SEA, FL 33308 US

**New Mailing Address:**

FEI Number: 59-2186094      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLSEN, GARY J  
1215 E BROWARD BLVD  
FT LAUDERDALE, FL 33301 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: D ( ) Delete  
Name: COSTELLO, MICHAEL  
Address: 113 SARGENT DRIVE  
City-St-Zip: OLD TOWN, ME 04468

Title: TD ( ) Delete  
Name: BUDD, VERNON  
Address: 27 ROYAL CT  
City-St-Zip: SHELTON, CT 06484

Title: VP ( ) Delete  
Name: MASONE, JOSEPH  
Address: 20876 SPRINGS TERR  
City-St-Zip: BOCA RATON, FL

Title: PD ( ) Delete  
Name: CLARK, ROBERT  
Address: P.O. BOX 1059  
City-St-Zip: VINEYARD HAVEN, MA 02568

Title: D ( ) Delete  
Name: DRISCOLL, THERESA  
Address: 403 E. 5TH ST.  
City-St-Zip: SOUTH BOSTON, MA 02127

Title: SD ( ) Delete  
Name: O'NEIL, PETER  
Address: 30 N. AMARYLLIS DRIVE  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ROBERT CLARK

PD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date