2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761115

FILED Jun 27, 2009 Secretary of State

Entity Name: HUDSON AERIE 3997 FRATERNAL ORDER OF EAGLES, INC.

Current Principal Place of Business: New Principal Place of Business: 6840 BCH BLVD HUDSON, FL 34667 US **Current Mailing Address: New Mailing Address:** 6840 BEACH BLVD HUDSON, FL 34667 US FEI Number: 59-2161116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SABO, SHANNON 6413 TOWAR DRIVE HUDSON, FL 34667 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROYAL, MICHAEL SPERRY, JOEL Name: Name: 5937 BEVERLY DRIVE Address: 7211BOUGENVILLE DRIVE Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: PORT RICHEY, FL 34668 Title: () Delete Title: (X) Change () Addition BROOKER, DEBORAH Name: MANGOLD, MARK Name: Address: 5106 ROSEWOOD DRIVE Address: 8733 STERLING LANE City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: PORT RICHEY, FL 34668 Title: () Delete Title: () Change () Addition SABO, SHANNON Name: Name: 6413 TOWER DRIVE Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: (X) Change () Addition Title: VΡ () Delete Title: **TRES** Name: SPLAIN, ROBERT Name: SOINSKI, EARL Address: 1115 PINTO Address: 4532 LAKE IN THE WOODS City-St-Zip: HUDSON, FL 34669 City-St-Zip: SPRINGHILL, FL 34607 Title: () Delete Title: (X) Change () Addition LAMBERT, DAVE BROOKER, DEBORAH Name: Name: 15012 PEACE BLVD 5106 ROSEWOOD DRIVE Address: Address: City-St-Zip: SHADY HILLS, FL 34610 City-St-Zip: NEW PORT RICHEY, FL 34653 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

CARNCROSS, CLIFFORD

6532 SALTWATER BLVD.

HUDSON, FL 34667

SIGNATURE: SHANNON SABO SEC 06/27/2009

SPLAIN, ROBERT

HUDSON, FL 34669

1115 PINTO

Name:

Address:

City-St-Zip: