

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763264

FILED
Mar 11, 2009
Secretary of State

Entity Name: THE SHORES CLUB MANAGEMENT CORPORATION, INC.

Current Principal Place of Business:

3815 S ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

3815 S ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118

New Mailing Address:

FEI Number: 59-2201275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, TOM
89 WISTERA DR
LONGWOOD, FL 32779 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: PD () Delete
Name: CLARK, TOM
Address: 89 WISTERA DR
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: GOSLIN, TOM
Address: 2949 BUTLER BAY DR NORTH
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: SAXON, DONNIE
Address: 3815 SOUTH ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: CASSIDY, JACK
Address: 8136 SOUTH BOULDER CT
City-St-Zip: LONG GROVE, FL 60047

Title: SD () Delete
Name: MERLINO, RICHARD
Address: 2529 CROSS COUNTRY DRIVE
City-St-Zip: PORT ORANGE, FL 32128

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: D (X) Change () Addition
Name: KEITH, JASPER
Address: 503 BIRCH RIVER DR.
City-St-Zip: DAHLONEGA, GA 30533

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: TOM CLARK

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date