

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770104

FILED
Jan 17, 2009
Secretary of State

Entity Name: THE PALMETTO CLUB, INC.

Current Principal Place of Business:

1000 S BEACH ST.
DAYTONA BCH., FL 32114

New Principal Place of Business:

Current Mailing Address:

1000 S BEACH ST.
DAYTONA BCH., FL 32114

New Mailing Address:

FEI Number: 59-0863397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114 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: TD () Delete
Name: CONDARCURE, EILEEN
Address: 4581 ALDER DR
City-St-Zip: PT ORANGE, FL 32127

Title: FS () Delete
Name: WAGNER, LORRAINE
Address: 145 NATURE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: VAYNOVICH, GERALDINE
Address: 5772 WHITE CRESS
City-St-Zip: PORT ORANGE, FL 32127

Title: RS () Delete
Name: PETRIE, MARILYN
Address: 176 WINDWARD CIR
City-St-Zip: ORMOND BEACH, FL 32176

Title: P () Delete
Name: WOOTTEN, GAIL
Address: 30 MEADOW RIDGE VEW
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: VOYNOVICH, GERALDINE
Address: 5772 WHITE ACRES
City-St-Zip: PORT ORANGE, FL 32127

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

Title: P (X) Change () Addition
Name: WOOTTEN, GAIL
Address: 30 MEADOW RIDGE VEW
City-St-Zip: ORMOND BEACH, FL 32174

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: EILEEN CONDARCURE

TREA

01/17/2009

Electronic Signature of Signing Officer or Director

Date