

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001291

FILED
Mar 19, 2009
Secretary of State

Entity Name: GREAT SOUTH BEACH IMPROVEMENT CO.

Current Principal Place of Business:

12012 SOUTH SHORE BLVD STE 103
WELLINGTON, FL 33414

New Principal Place of Business:

14179 LAUREL TRAIL
WELLINGTON, FL 33414

Current Mailing Address:

12012 SOUTH SHORE BLVD STE 103
WELLINGTON, FL 33414

New Mailing Address:

14179 LAUREL TRAIL
WELLINGTON, FL 33414

FEI Number: 11-1736785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICCOLO, DANIEL M
12012 SOUTH SHORE BLVD., STE 103
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

PICCOLO, DANIEL M
14179 LAUREL TRAIL
WELLINGTON, FL 33414 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: DM PICCOLO

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CLARLE, LESLIE M
Address: 2929 WINDING OAKS LANE
City-St-Zip: WELLINGTON, FL

Title: VP () Delete
Name: PICCOLO, DANIEL M
Address: 1742 HARBORSIDE CIRCLE
City-St-Zip: WELLINGTON, FL

Title: VP () Delete
Name: CLARKE, DAVID H
Address: 2929 WINDING OAKS LANE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: COMOLLI, DENISE A
Address: 1742 HARBORSIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CLARKE, LESLIE M
Address: 2929 WINDING OAKS LANE
City-St-Zip: WELLINGTON, FL

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DM PICCOLO

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date