

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001561

FILED
Jun 16, 2009
Secretary of State

Entity Name: CAMEL CLUB, INC.

Current Principal Place of Business:

249 E HEWITT RD.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1728
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3637707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

REILY, PATRICK
1147 TROON DR
MIRAMAR BEACH, FL 32550 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:

Title: D () Delete
Name: HEYL, CATHY
Address: 2331 MACK BAYOU ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: REILY, PATRICK M
Address: 1147 TROON DR.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: CANALE, TERRY
Address: 1594 PEABODY AVE.
City-St-Zip: MEMPHIS, TN 38104

Title: D () Delete
Name: DYELL, JON
Address: 154 ANCHOR D R
City-St-Zip: FREEPORT, FL 34239

Title: D () Delete
Name: MITCHELL, ELLIOT
Address: 187 BROOK STREET UNIT B602
City-St-Zip: FORT WALTON BEACH, FL 32459

Title: D () Delete
Name: REAVIS, DAVE
Address: 340 VININGS WAY BLVD APT 12208
City-St-Zip: DESTIN, FL 32541

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
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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: PATRICK M. REILY

D

06/16/2009

Electronic Signature of Signing Officer or Director

Date