## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004609

City-St-Zip: LAKE PARK, FL 33403

ELODIDA CATOD SDLASH CLLIB INC

FILED Sep 04, 2009 Secretary of State

Entity Nai	me: FLORIDA GATOR SPLASH CLUB, IN	JC.
Current Principal Place of Business:		New Principal Place of Business:
100 STATE MELROSE	E RD 26 E, FL 32666	
Current Mailing Address:		New Mailing Address:
PO BOX 1 MELROSE	069 E, FL 32666	
In accordan	: 59-3653445 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  Name and Address of New Registered Agent:
	RICHARD :TIC ROAD LM BEACH, FL 33403 US	
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUR	RF.	
	Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD ( ) Delete SMITH, JEFF PO BOX 1069 MELROSE, FL 326661069	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD ( ) Delete FAGLER, CHAUNCEY 2306 NW 63RD TERRACE GAINESVILLE, FL 32606	Title: VPD (X) Change ( ) Addition Name: RATLIFF, WILL Address: 762 NW 22ND STREET City-St-Zip: GAINESVILLE, FL 32603
Title: Name: Address: City-St-Zip:	SD ( ) Delete MARZEK, JOANN 3026 SOUTH SHOVE CIRCLE TALLAHASSEE, FL 32312	Title: SD (X) Change ( ) Addition Name: WARNER, LAURA Address: 400 N FLAGLER DRIVE City-St-Zip: WEST PALM BEACH, FL 33401
Title: Name: Address:	TD ( ) Delete AHRENS, RICHARD 1464 KINETIC RD	Title: ( ) Change ( ) Addition Name: Address:

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.

City-St-Zip:

SIGNATURE: JEFF SMITH PD 09/04/2009