2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00550

FILED Apr 09, 2008 Secretary of State

Entity Nar	ne: THE RAC	QUET CLUB OF EL CONQUI	STADOR, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
4511 BAY (BRADENT	CLUB DR. ON, FL 34210	US			
Current Mailing Address:			New Maili	ng Address	:
4511 BAY (BRADENT	CLUB DR. ON, FL 34210	US			
FEI Number:	59-2372337	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of Co	ırrent Registered Agent:	Name and Address of New Registered Agent:		
	AMIAN M ATEE AVENUE ON, FL 34205	WEST US			
	named entity so of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,
SIGNATUF		0: 1 10			
Electronic Signature of Registered Age					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	` '	Delete	Title:		(X) Change()Addition
Name:	ROBBINS, CHAR		Name:	ROBBINS, CI	
Address:	4005 AVENIDA N		Address:	4005 AVENIC	
City-St-Zip:	BRADENTON, FI	. 34210	City-St-Zip:	BRADENTON	I, FL 34210
Title:	DS ()	Delete	Title:		() Change () Addition
Name:	BORN, RICK		Name:		(,, =
Address:	2815 BARNARD	AVE.	Address:		
City-St-Zip:	BRADENTON, FI	. 34207	City-St-Zip:		
Title:	DVP ()	Delete	Title:	DVP	(X) Change () Addition
Name:	ROBINSON, JAN		Name:	HINESLEY, F	
Address:	366 S SHORE D		Address:	6404 MEADOWLARK LANE	
City-St-Zip:	SARASOTA, FL	34234	City-St-Zip:	BRADENTON	I, FL 34210
Title:	() 1	Delete	Title:	DT (() Change (X) Addition
Name:	() (Jeiete	Name:	FLINT, DEBB	
Address:			Address:	4811 61ST AVENUE DR. W.	
City-St-Zip:			City-St-Zip:	BRADENTON	
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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: NICHOLAS W. KISH GM 04/09/2008