

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006686

FILED
Feb 03, 2009
Secretary of State

Entity Name: PARROT HEAD CLUB OF WINTER HAVEN, INC.

Current Principal Place of Business:

265 DAISY ESTATES DRIVE
WINTER HAVEN, FL 33884

New Principal Place of Business:

536 AVE K, SW
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 7375
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 03-0456374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVISS, VALERIE
2810 W. LAKE ELOISE DRIVE
WINTER HAVEN, FL 33884 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: D () Delete
Name: AUSTIN, PAMELA
Address: 265 DAISY ESTATES DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: RICHARDS, RON
Address: 233 STEVENSON RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: ELDRIDGE, GEORGE W
Address: 2808 WEST LAKE ELOISE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: TRAVISS, MIKE
Address: 2810 WEST LAKE ELOISE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Delete
Name: TRAVISS, VALERIE
Address: 2810 WEST LAKE ELOISE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ELDRIDGE, GEORGE
Address: 536 AVE. K, SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change () Addition
Name: RICHARDS, RON
Address: 233 STEVENSON RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: TRAVISS, MIKE R
Address: 2810 WEST LAKE ELOISE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: TRAVISS, VALERIE
Address: 2810 WEST LAKE ELOISE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

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: VALERIE TRAVISS

TREA

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date