

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006879

FILED
Apr 22, 2009
Secretary of State

Entity Name: CHRISTMAS ISLAND STYLE, INC.

Current Principal Place of Business:

1103 SOUTH COLLIER BLVD
UNIT C-107
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1103 SOUTH COLLIER BLVD
UNIT C-107
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 35-2186507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFANIDES, STEVEN A
1103 SOUTH COLLIER BLVD
UNIT C-107
MARCO ISLAND, FL 34145 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: STEFANIDES, STEVEN A
Address: 1103 SOUTH COLLIER BLVD/C1077
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: D () Delete
Name: SCHNEIDER, GREGORY
Address: 1848 NORTH BAHAMA AVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: KEUTMANN, LINDA
Address: 816 HIDEAWAY CIRCLE EAST
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: GIBSON, GERALD
Address: 2041 SAN MARCO ROAD
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: KELBER, VICKIE
Address: 580 KENDELL
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: BARE, JERRY
Address: 555 SEAVIEW COURT APT. G2
City-St-Zip: MARCO ISLAND, FL 34145

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DASTI, BARBARA
Address: 1337 FREEPORT AVE
City-St-Zip: MARCO ISLAND, FL 34145

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: STEVEN A. STEFANIDES

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04/22/2009

Electronic Signature of Signing Officer or Director

Date