

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003350

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: STAGS CLUB, INC.

**Current Principal Place of Business:**

128 GULF SIDE DRIVE  
ISLAMORADA, FL 330363318

**New Principal Place of Business:**

**Current Mailing Address:**

128 GULF SIDE DRIVE  
ISLAMORADA, FL 330693318

**New Mailing Address:**

FEI Number: 45-0511689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRESCOTT, ROBERT L  
2121 PONCE DE LEON BLVD STE 900  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

TRESCOTT, ROBERT L  
2605 PONCE DE LEON BLVD STE  
CORAL GABLES, FL 33134 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:

02/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KAVNEY, JIM  
Address: 128 GULF SIDE DRIVE  
City-St-Zip: ISLAMORADA, FL 330693318

Title: DV ( ) Delete  
Name: HUMPHRIES, DON  
Address: 51 PRINCEWOOD LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DST ( ) Delete  
Name: TRESCOTT, ROBERT L  
Address: 5351 BANYAN DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

**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:

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: JIM KAVNEY

DP

02/11/2008

Electronic Signature of Signing Officer or Director

Date