## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003350

City-St-Zip:

CORAL GABLES, FL 33134

FILED Jan 24, 2009 Secretary of State

Entity Name: STAGS CLUB, INC **Current Principal Place of Business: New Principal Place of Business:** 128 GULF SIDE DRIVE ISLAMORADA, FL 330363318 **Current Mailing Address: New Mailing Address:** 128 GULF SIDE DRIVE ISLAMORADA, FL 330693318 FEI Number: 45-0511689 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRESCOTT, ROBERT L 2605 PONCÉ DE LEON BLVD STE CORAL GABLES, FL 33134 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete KAVNEY, JIM Name: Name: Address: 128 GULF SIDE DRIVE Address: City-St-Zip: ISLAMORADA, FL 330693318 City-St-Zip: Title: DV () Delete Title: () Change () Addition HUMPHRIES, DON Name: Name: Address: 51 PRINCEWOOD LANE Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: DST () Delete Title: () Change () Addition TRESCOTT, ROBERT L Name: Name: Address: 5351 BANYAN DRIVE 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: JIM KAVNEY PRES 01/24/2009