

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000911

FILED
Feb 22, 2009
Secretary of State

Entity Name: RE-CREATION TAPPERS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1103 COOPER DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1103 COOPER DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-0714796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEHNER, JOANN
1103 COOPER DRIVE
NAPLES, FL 34103 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: DP () Delete
Name: ZEHNER, JOANN
Address: 1103 COOPER DRIVE
City-St-Zip: NAPLES, FL 34103

Title: DV () Delete
Name: BARUCK, JUDI
Address: 1889 LES CHATEAU BLVD.
City-St-Zip: NAPLES, FL 34109

Title: DT () Delete
Name: FRASCARELLI, MARY JANE
Address: 2095 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

Title: DV () Delete
Name: HORVATH, JEANNE
Address: 330 KON TIKI DRIVE, F-2
City-St-Zip: NAPLES, FL 34113

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:

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: JOANN ZEHNER

DP

02/22/2009

Electronic Signature of Signing Officer or Director

Date