

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004369

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: PALMETTO RIDGE TOUCHDOWN CLUB, NC.

## Current Principal Place of Business:

1655 VICTORY LN  
NAPLES, FL 34120

## New Principal Place of Business:

## Current Mailing Address:

1655 VICTORY LN  
NAPLES, FL 34120

## New Mailing Address:

FEI Number: 30-0260529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, MICHAEL D  
660 24TH AVENUE NW  
NAPLES, FL 34120 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: P ( ) Delete  
Name: THOMAS, MICHAEL D  
Address: 660 24TH AVENUE NW  
City-St-Zip: NAPLES, FL 34120 US

Title: V ( ) Delete  
Name: COLE, DEANNA  
Address: 2681 28TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

Title: S ( ) Delete  
Name: ANDERSON, VALERIE  
Address: 691 21ST STREET SW  
City-St-Zip: NAPLES, FL 34117 US

Title: T ( ) Delete  
Name: BERGERON, DONNA  
Address: 2740 2ND AVENUE SE  
City-St-Zip: NAPLES, FL 34117

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: COLE, DEANNA  
Address: 2785 14TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

Title: S (X) Change ( ) Addition  
Name: RUCKER, STEPHANIE  
Address: 2925 18 AVENUE SE  
City-St-Zip: NAPLES, FL 34117 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: KNIGHT, HEATHER  
Address: 430 14TH STREET NE  
City-St-Zip: NAPLES, FL 34120

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: MICHAEL D THOMAS

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date