

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005536

FILED
Jan 29, 2009
Secretary of State

Entity Name: DRIFTWOOD CLUB OF BREVARD, INC.

Current Principal Place of Business:

315 NIEMAN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 187
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2916023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ALLEN
2087 SARNO RD
MELBOURNE, FL 32935 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: AUDITORE, LORRAINE C
Address: 3390 ARECA PALM AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: YACKMAN, STEPHEN J
Address: 148 E ARLINGTON ST
City-St-Zip: SATELLITE BEACH, FL 32837

Title: D () Delete
Name: SCHMITT, WILLIAM
Address: 4335 WELLINGTON RD
City-St-Zip: MELBOURNE, FL 32835

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: LORRAINE AUDITORE

D

01/29/2009

Electronic Signature of Signing Officer or Director

Date