2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010393

Entity Name: FLORIDA ATHLETIC CLUB, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3250 LAKEVIEW BLVD. 1507 SUNDOWN LANE

DELRAY BEACH, FL 334455607 CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

3250 LAKEVIEW BLVD. 1507 SUNDOWN LANE DELRAY BEACH, FL 334455607 CLERMONT, FL 34711 US

FEI Number: 58-2685092 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:

FINE, ROBERT G

3250 LAKEVIEW BLVD.

DELRAY BEACH, FL 334455607 US

DELRAY BEACH, FL 34711 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: DON DENOON 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: V (X) Change () Addition Name: FINE, ROBERT G Name: BONCK, LIONEL N

Address: 3250 LAKEVIEW BLVD. Address: 919 SILVERTON LOOP
City-St-Zip: DELRAY BEACH, FL 334455607 City-St-Zip: LAKE MARY, FL 32746 US

Title: V () Delete Title: P (X) Change () Addition Name: DENOON, DON Name: DENOON, DON

Address: 1507 SUNDOWN LANE
City-St-Zip: CLERMONT, FL 34711

Address: 1507 SUNDOWN LANE
City-St-Zip: CLERMONT, FL 34711

CLERMONT, FL 34711

Title: D () Delete Title: V (X) Change () Addition

 Name:
 TRICARD, LOUISE
 Name:
 JOHNSON, JOE

 Address:
 8496 RIDGEWOOD AVE.
 Address:
 329 W JAMES AVE

 City-St-Zip:
 CAPE CANAVERAL, FL 32920
 City-St-Zip:
 APOPKA, FL 32712 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 BAYER, PETER
 Name:

 Address:
 16910 BAT ST. #404
 Address:

 City-St-Zip:
 JUPITER, FL 33477
 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: LIONEL N. BONCK V 04/21/2009