

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010844

FILED
Apr 20, 2009
Secretary of State

Entity Name: ALUNMAE CLUB OF MARCO ISLAND, INC.

Current Principal Place of Business:

NONE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1747
MARCO ISLAND, FL 34146

New Mailing Address:

1651 BARBADOS CT.
MARCO ISLAND, FL 34145

FEI Number: 30-0282721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKNESS, DOROTHY A TREASUR
1651 BARBADOS CT.
MARCO ISLAND, FL 34145 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: MINOZZI, LYNNE P
Address: 250 FIJI CT.
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: VP () Delete
Name: SUPERITS, MARGARET VP
Address: 132 CLYBURN ST.
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: RS () Delete
Name: GIBSON, VIRGINIA RS
Address: 1281 SIXTH AVE.
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: DT () Delete
Name: HARKNESS, DOROTHY DT
Address: 1651 BARBADOS CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: AT () Delete
Name: JUST, VINCENZA AT
Address: 1422 DELBROOK WAY
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: CS () Delete
Name: TRAFTON, DEBRA CS
Address: 252 SHADOWRIDGE CT.
City-St-Zip: MARCO ISLAND, FL 34145 US

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:

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: DOROTHY A. HARKNESS

DT

04/20/2009

Electronic Signature of Signing Officer or Director

Date