2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N05000001584

Entity Name: SOUTH ORMOND SPORTS CLUB, INC.

Current Principal Place of Business:

290 CLYDE MORRIS BLVD.
SUITE B2
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

290 CLYDE MORRIS BLVD.
SUITE B2
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUST, JAY
290 CLYDE MORRIS BLVD.
SUITE B2
ORMOND BEACH, FL 32174 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: PD ( ) Delete
Name: EDWARDS, LIVISTON
Address: 176 DIVISION AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: RUST, JAY
Address: 94 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: WYATT, GLORIA
Address: 19 WALNUT LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: O'DWYER, KEVIN
Address: 1429 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: TOLLAND, LORI
Address: 5 BROAD RIVER ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: WALDEN, LIANA
Address: 176 DIVISION AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

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 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: JAY RUST VD 04/30/2006

Electronic Signature of Signing Officer or Director Date