


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90858 016 ****61.25

DOCUMENT # N05000001584 1. Entity Name SOUTH ORMOND SPORTS CLUB, INC.			
Principal Place of Business 290 CLYDE MORRIS BLVD. SUITE B2 ORMOND BEACH, FL 32174		Mailing Address 290 CLYDE MORRIS BLVD. SUITE B2 ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box # 1890 LPGA Blvd Suite, Apt. #, etc. Suite 230 City & State Daytona Beach, FL Zip 32117 Country USA		3. Mailing Address 1890 LPGA Blvd Suite, Apt. #, etc. Suite 230 City & State Daytona Beach Zip FL Country USA	
4. FEI Number APPLIED FOR 20-2519207		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04242007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent RUST, JAY 290 CLYDE MORRIS BLVD. SUITE B2 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name RUST, JAY Street Address (P.O. Box Number is Not Acceptable) 1890 LPGA Blvd Suite 230 City Daytona Beach FL Zip Code 32117	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>James W. Rust</u> <small>Signature, typed or printed name of registered agent and use if applicable.</small>		DATE <u>4-27-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME EDWARDS, LIVISTON STREET ADDRESS 176 DIVISION AVENUE CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>James W. Rust</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-27-07</u> Daytime Phone # <u>386 5894322</u>	