

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001584

FILED
Apr 14, 2009
Secretary of State

Entity Name: SOUTH ORMOND SPORTS CLUB, INC.

Current Principal Place of Business:

1890 LPG A BLVD
SUITE 230
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1890 LPG A BLVD
SUITE 230
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-2519207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUST, JAY
1890 LPG A BLVD
SUITE 230
DAYTONA BEACH, FL 32117 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 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

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date