## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001506

Entity Name: HIGH SEAS CRUSING CLUB, INC.

FILED Apr 29, 2009 Secretary of State

| -   |                                 | · · · · · · · · · · · · · · · · · ·       |           |  |  |             |                          |  |
|---|---------------------------------|---|-----------|--|--|-------------|--------------------------|--|
| Current Principal Place of Business:                              |                                 |   |           | New Principal Place of Business:   |  |             |                          |  |
| 8802 WEN  | IDY LANE<br>LM BEACH, FL        | 1495 FOREST HILL BLVE<br>STE B            |           |  |  |             |                          |  |
| VVLOTEAL  | LIVI DEACH, I E                 | 33411                                     |           |  | _M BEACH, FL   | 33046       | US                       |  |
| Current Mailing Address:  |                                 |   |           | New Mailing Address:   |  |             |                          |  |
| 8802 WENDY LANE<br>WEST PALM BEACH, FL 33411                      |                                 |   |           | 1495 FOREST HILL BLVE<br>STE B<br>WEST PALM BEACH, FL 33046 US                     |  |             |                          |  |
| FEI Number:   | 86-1159771                      | FEI Number Applied For ( )                | FEI Nur   | mber Not Appl  | licable ( )  | Certificate | e of Status Desired ( )  |  |
| Name and  | Address of C                    | Name and Address of New Registered Agent: |           |  |  |             |                          |  |
| LAVIGNE, NORMA<br>8802 WENDY LANE<br>WEST PALM BEACH, FL 33411 US |                                 |   |           | COOPER, KATHLEEN<br>1495 FOREST HILL BLVD<br>STE B<br>WEST PALM BEACH, FL 33406 US |  |             |                          |  |
|   | named entity s<br>e of Florida. | ubmits this statement for the p           | purpose c | of changing i  | ts registered o                                      | ffice or re | gistered agent, or both, |  |
| SIGNATUR  | RE: KATHLEE                     | 04/29/2009                                |           |  |  |             |                          |  |
| Electronic Signature of Registered Agent                          |                                 |   |           |  | Date   |             |                          |  |
| OFFICERS AND DIRECTORS:   |                                 |   |           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                       |  |             |                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                       | SLAVIN, DIANE<br>914 SHORE DR   | Delete<br>IVE<br>EACH, FL 33408 US        |           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( )  | Change (    | ) Addition               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                       | BERIAU, LORI<br>940 ISLES ROA   | Delete<br>D<br>CH, FL 33435 US            |           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | D (X)<br>LAVIGNE, NOR<br>8802 WENDY L<br>WEST PALM B | .ANE        |                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                       | ROSE, LISA<br>40 WINDWARD       | Delete<br>ISLE<br>ARDENS, FL 33418 US     |           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( )  | Change (    | ) Addition               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                       | ROUSER, CECI<br>912 WESTWIND    |   |           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | D (X)<br>COOPER, KATH<br>1495 FOREST<br>WEST PALM B  | HILL BLVD   | STE B                    |  |
| Title:<br>Name:   | D (X) ZIBELLI, JOE              | Delete                                    |           | Title:<br>Name:  | ( )  | Change (    | ) Addition               |  |

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.

City-St-Zip:

SIGNATURE: KATHLEEN COOPER D 04/29/2009

PALM BEACH GARDENS, FL 33410 US

City-St-Zip: