

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002750

FILED
Apr 19, 2009
Secretary of State

Entity Name: ONE SENIOR CLUB, INC.

Current Principal Place of Business:

8085 SPYGLASS HILL ROAD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

PO BOX 411826
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 20-3676903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORDOVA, ALFRED
841 VILLA DRIVE
MELBOURNE, FL 32940 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: ERICKSON, PHYLLIS
Address: 3171 LE CONTE STREET
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: SHULTZ, ELAINE
Address: 1410 HUNTINGTON LANE #1201
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: CORDOVA, ALFRED
Address: 841 VILLA DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: CORDOVA, HAYDEE
Address: 841 VILLA DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LUEDERS, MARIE
Address: 1720 WICKHAM LAKES DRIVE
City-St-Zip: VIERA, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WADE, HEATHER
Address: 1797 AUBURN LAKES DRIVE
City-St-Zip: VIERA, FL 32955

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: ALFRED CORDOVA

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date