2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N06000009644

Entity Name: STEINWAY SOCIETY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

303 E. ALTAMONTE DRIVE
1225
ALTAMONE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

303 E. ALTAMONTE DRIVE
1225
ALTAMONE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-5532663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIMES, GARY
303 E. ALTAMONTE DRIVE
1225
ALTAMONE SPRINGS, FL 32701 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:	D P	( ) Delete
Name:	GRIMES, GARY	
Address:	303 E ALTAMONTE DRIVE #1225	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D S	( ) Delete
Name:	GRIMES, KATHY	
Address:	303 E ALTAMONTE DRIVE #1225	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D VP	( ) Delete
Name:	SCHOTT, FRED G	
Address:	2056 HUTTOW PT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D T	( ) Delete
Name:	LEMUS, ANTONIO	
Address:	108 MARCIA DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	STEIN, CAROL	
Address:	C/O 303 E ALTAMONTE DRIVE #1225	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	RYBKA, HEATHER	
Address:	303 E ALTOMONTE DR #1225	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	

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: GARY R GRIMES PRES 06/17/2009

Electronic Signature of Signing Officer or Director — Date