

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90008 013 ****70.00

DOCUMENT # N06000011158

1. Entity Name
CLUB EXCELSA, INC.



Principal Place of Business
919 SE LAKE STREET
STUART, FL 34994

Mailing Address
919 SE LAKE STREET
STUART, FL 34994

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

919 SE Lake ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007

Chg-NP

CR2E037 (12/06)

City & State

City & State

Stuart

4. FEI Number

651303623

Applied For

Not Applicable

Zip

Country

Zip

34994

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIPSON, MILDRED
919 SE LAKE STREET
STUART, FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Mildred C Gipson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SIMMONS, TONYA
STREET ADDRESS 2899 SE GRAND DR
CITY-ST-ZIP PORT ST LUCIE, FL 34953

TITLE DT ☐ Delete
NAME GIPSON, MILDRED
STREET ADDRESS 919 SE LAKE STREET
CITY-ST-ZIP STUART, FL 34994

TITLE DV ☐ Delete
NAME THOMPSON, THELMA
STREET ADDRESS 5824 SE MERCEDES AVE
CITY-ST-ZIP STUART, FL 34992

TITLE DS ☐ Delete
NAME POWELL, GLORIA
STREET ADDRESS 911 SE LAKE STREET
CITY-ST-ZIP STUART, FL 34994

TITLE DC ☐ Delete
NAME LEGGETT, LOIS
STREET ADDRESS 909 SPRUCE STREET
CITY-ST-ZIP STUART, FL 34994

TITLE DS ☐ Delete
NAME ROBINSON-CLARKE, EULA R
STREET ADDRESS 1008 E 16TH CT
CITY-ST-ZIP STUART, FL 34996

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Mildred C Gipson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-07

Date

772 287 2945

Daytime Phone #

ATTACHMENT 40113888



Division of Corporations

Annual Report

Annual Report Help

Document Number

N06000011158

Business Entity Name

CLUB EXCELSA, INC.

FEI Number

Pending - See Application Attached -

President is
Tonya Simmons
267-57-2686

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

919 SE LAKE STREET

Suite, Apt. #, etc.

City, State

STUART

, FL

Zip Code & Country 34994

Mailing Address

Address

919 SE LAKE STREET

Suite, Apt. #, etc.

City, State

STUART

, FL

Zip Code & Country 34994

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

GIPSON

, MILDRED

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 919 SE LAKE STREET

Suite, Apt. #, etc.

City, State

STUART

, FL

Zip Code & Country

34994

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40113888

#NO 600001158

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DP
Name (Last, First, Middle, Title) SIMMONS, TONYA, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address ~~2899 SE GRAND DR~~ 2814 SW Ann Arbor Road
City, State PORT ST LUCIE, FL
Zip Code & Country 34953

Title DT
Name (Last, First, Middle, Title) GIPSON, MILDRED, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 919 SE LAKE STREET
City, State STUART, FL
Zip Code & Country 34994

Title DV
Name (Last, First, Middle, Title) THOMPSON, THELMA, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 5824 SE MERCEDES AVE
City, State STUART, FL
Zip Code & Country 34992

Title

ATTACHMENT 40113888

DS

POWELL

GLORIA

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

911 SE LAKE STREET

City, State

STUART

, FL

Zip Code & Country

34994

Title

DC

Name (Last, First, Middle, Title)

LEGGETT

, LOIS

- OR -

Entity Name to serve as
Officer/Director

Street Address

909 SPRUCE STREET

City, State

STUART

, FL

Zip Code & Country

34994

Title

DS

Name (Last, First, Middle, Title)

ROBINSON-CLARK, EULA

, R

- OR -

Entity Name to serve as
Officer/Director

Street Address

1008 E 16TH CT

City, State

STUART

, FL

Zip Code & Country

34996

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Mildred C. Gipson

Title Registered Agent

Officer/Director Signature Mildred C. Gipson

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset