

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011158

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CLUB EXCELSA, INC.

## Current Principal Place of Business:

919 SE LAKE STREET  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

919 SE LAKE STREET  
STUART, FL 34994

## New Mailing Address:

FEI Number: 65-1303623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIPSON, MILDRED  
919 SE LAKE STREET  
STUART, FL 34994 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: DP ( ) Delete  
Name: SIMMONS, TONYA  
Address: 2899 SE GRAND DR  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DT ( ) Delete  
Name: GIPSON, MILDRED  
Address: 919 SE LAKE STREET  
City-St-Zip: STUART, FL 34994

Title: DV ( ) Delete  
Name: THOMPSON, THELMA  
Address: 5824 SE MERCEDES AVE  
City-St-Zip: STUART, FL 34992

Title: DS ( ) Delete  
Name: POWELL, GLORIA  
Address: 911 SE LAKE STREET  
City-St-Zip: STUART, FL 34994

Title: DC ( ) Delete  
Name: LEGGETT, LOIS  
Address: 909 SPRUCE STREET  
City-St-Zip: STUART, FL 34994

Title: DS ( ) Delete  
Name: ROBINSON-CLARKE, EULA R  
Address: 1008 E 16TH CT  
City-St-Zip: STUART, FL 34996

## 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: MILDRED GIPSON

RA

04/27/2009

Electronic Signature of Signing Officer or Director

Date