

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06284

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Entity Name:** JOE'S SUBURBAN CLUB, INC.

**Current Principal Place of Business:**

11601 DOWNS LOOP  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11601 DOWNS LOOP  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-2488040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOMMI G. SELLARS  
819 CROSWINDS DR.  
BRANDON, FL 33511 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: PD  
Name: NELSON, RICHARD  
Address: 10807 TACO WAY  
City-St-Zip: RIVERVIEW, FL 33569

Title: SD  
Name: DONOFRIO, ANNE M  
Address: 819 CROSSWINDS DR  
City-St-Zip: BRANDON, FL 335117746

Title: MDT  
Name: SELLARS, TOMMI V  
Address: 819 CROSSWINDS DR  
City-St-Zip: BRANDON, FL 335117746

Title: D  
Name: THOMAS, O'DONNELL  
Address: 11637 JOHN ROBBIN RD  
City-St-Zip: RIVERVIEW, FL 33569

Title: VD  
Name: GOFF, DONALD  
Address: 11133 FERN HILL DR.  
City-St-Zip: RIVERVIEW, FL 33578

Title: D  
Name: ORCUTT, MARY  
Address: PO BOX 25711  
City-St-Zip: RIVERVIEW, FL 33568

I hereby 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 all other like empowered.

SIGNATURE: TOMMI V SELLARS

MTD

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date