


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90047 003 ****61.25

DOCUMENT # N07000001455		
1. Entity Name FISH TALE GRADY CLUB, INC.		

Principal Place of Business 14 PALMVIEW BOULEVARD FORT MYERS BEACH, FL 33931	Mailing Address 14 PALMVIEW BOULEVARD FORT MYERS BEACH, FL 33931
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40011344



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
PAGEL, STUART 14 PALMVIEW BOULEVARD FORT MYERS BEACH, FL 33931		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 _____
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, 2008**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITZENBURG, TINA			NAME			
STREET ADDRESS	14831 DAVID DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33901			CITY-ST-ZIP			
TITLE	VP/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORLE, LORETTA			NAME			
STREET ADDRESS	4405 COUNTRY CLUB BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP			
TITLE	VP/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORLE, DICK			NAME			
STREET ADDRESS	4405 COUNTRY CLUB BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACHARIS, GEORGE			NAME			
STREET ADDRESS	9 SUNVIEW BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931			CITY-ST-ZIP			
TITLE	T/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAGEL, STUART			NAME			
STREET ADDRESS	14 PALMVIEW BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:

Stuart J Pagel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 *952 738 1544*
Date Daytime Phone #