2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000728

FILED Apr 30, 2009 Secretary of State

Entity Name: SOUTHWEST FLORIDA PARROT HEAD CLUB INC.

Current Principal Place of Business: New Principal Place of Business: 11529 CHARLIES TERRACE FT. MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 11529 CHARLIES TERRACE FT. MYERS, FL 33907 FEI Number: 26-1156723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TREDER, RICHARD W. JR. 11529 CHARLIES TERRACE FT. MYERS, FL 33907 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TREDER, RICHARD W. JR. Name: Name: 11529 CHARLIES TERRACE Address: Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition THURLOW, STEVE Name: JANIS, LINDA Name: Address: 17153 WAYZATA CT. Address: 11529 CHARLIES TERRACE City-St-Zip: N. FT. MYERS, FL 33917 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: () Change () Addition MCNAMARA, LINDA Name: Name: Address: 1008 SW 6TH CT. Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: Title: DT () Delete Title: DT (X) Change () Addition COWLISHAW, LESLIE A. Name: Name: FRIDAY, JOHN 16500 ARBOR RIDGE DR. 11529 CHARLIES TERRACE Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: () Change () Addition CARSON, JOE Name: Name: 4248 LIRON AVE., #203 Address: Address: City-St-Zip: FT. MYERS, FL 33916 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: RICHARD W TREDER JR DP 04/30/2009