

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 09, 2009
Secretary of State

DOCUMENT# N08000003929

Entity Name: BEACHES AQUATIC CLUB, INC.**Current Principal Place of Business:**1903 PENMAN RD
JACKSONVILLE BEACH, FL 32250**New Principal Place of Business:**120 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266**Current Mailing Address:**1903 PENMAN RD
JACKSONVILLE BEACH, FL 32250**New Mailing Address:**120 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266**FEI Number:** 26-2488860**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DOUGLAS, DAVID
1903 PENMAN RD
JACKSONVILLE BEACH, FL 32250 US**Name and Address of New Registered Agent:**ANDERSON, ROBERT
120 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266 US

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: ROBERT ANDERSON

08/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, ROBERT
Address: 120 ATLANTIC BLVD
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: JARRETT, STEVE
Address: 1929 SEAGATE AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: DOUGLAS, DAVID
Address: 1903 PENMAN RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUNBAR, J P
Address: 1522 LANDING LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

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: ROBERT ANDERSON

D

08/09/2009

Electronic Signature of Signing Officer or Director

Date