2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N13410

Entity Name: SOUTHWEST FLORIDA 10-13 CLUB, INC.

Current Principal Place of Business:

1417-2 DEL PRADO BLVD
BOX 168
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1417-2 DEL PRADO BLVD
BOX 168
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0129093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNOR, NEIL
2916 SW 39TH TERRACE
CAPE CORAL, FL 33914 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: PRES ( ) Delete
Name: O'CONNOR, NEIL
Address: 2916 S.W. 39TH TERR.
City-St-Zip: CAPE CORAL, FL 33914

Title: TD ( ) Delete
Name: GUNN, ANGUS
Address: 1534 SE 10TH PLACE
City-St-Zip: CAPE CORAL, FL 339043464

Title: MD ( ) Delete
Name: NICHOLSEN, PETER
Address: 1631 SW 11 AVE
City-St-Zip: CAPE CORAL, FL 33911

Title: VPD ( ) Delete
Name: KELLY, HOWARD
Address: 2924 S.E. 11 AVENUE
City-St-Zip: CAPE CORAL, FL 33904

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:

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: NEIL O'CONNOR PRES 02/03/2009

Electronic Signature of Signing Officer or Director — Date