## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13513

Entity Name: PLAYERS CLUB AT SUNTREE, INC.

FILED Feb 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6939 N. W	/ICKHAM ROA RNE, FL 3294	رD					
Current Mailing Address:				New Mailing Address:			
	(ICKHAM ROA RNE, FL 3294						
FEI Number	: 59-2682713	FEI Number Applied For()	FEI Num	ber Not Appl	icable ( )	Certifica	ate of Status Desired ( )
Name and	Address of (	Current Registered Agent:		Name and	Address	of New Reg	istered Agent:
6939 N. W	T, FRANCIS M /ICKHAM ROA RNE, FL 3294	VD					
The above in the State	e named entity e of Florida.	submits this statement for the p	urpose of	changing it	ts registere	ed office or r	egistered agent, or both,
SIGNATUI							
	Electro	nic Signature of Registered Age	nt				Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANG	ES TO OFF	ICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VP ( ROTAM, STEP 723 FAIRWAY MELBOURNE,	DR		Title: Name: Address: City-St-Zip:	P ROYTMAN, 723 FAIRW MELBOURI		
Title: Name: Address: City-St-Zip:	MGM ( BEPHUTT, ELI 7110 FAIRWA MELBOURNE,	Y DR		Title: Name: Address: City-St-Zip:	VP BENNETT, 710 FAIRW MELBOURI		
Title: Name: Address: City-St-Zip:	TD ( CLARK, JUNE 720 FAIRWAY MELBOURNE,			Title: Name: Address: City-St-Zip:	T CLARK, JU 720 FAIRW MELBOURI		<b>,</b> ,
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	S SAULNIER, 719 FAIRW MELBOURI		` '
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	D RUSSO, CH 762 PLAYE MELBOURI		` '
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	719 PLAYE	() Change DOROTHY RS CT NE, FL 32940	` '

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: STEPHEN ROYTMAN P 02/08/2009