

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 041 ****70.00

DOCUMENT # N15184

1. Entity Name
CIRCLE CLUB, INC.



Principal Place of Business
**230 E EAU GALLIE BLVD
INDIAN HARBOR BEACH, FL 32937**

Mailing Address
**230 E EAU GALLIE BLVD
INDIAN HARBOR BEACH, FL 32937**

40016100



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2649315

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JACKSON, RAYMOND
1123 STEVEN PATRICK AVE.
INDIAN HARBOR, FL 32937**

*COLLINS, PAUL
3965 DETOITER DR.
MELBOURNE, FL
32904*

**DO NOT WRITE
IN THIS SPACE**

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

Paul Collins

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, PAUL 3965 DETOITER DR. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUCHES-CRUMMEY, BEVERLY 380 RIGGS AVE. MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLARD, SCOTT 1825 ALEXANDER DR. MALABAR, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Paul Collins

Date

Daytime Phone #

1-27-08