

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16338

FILED
Feb 16, 2009
Secretary of State

Entity Name: EAST SIDE CLUB, INC.

Current Principal Place of Business:

2017 N GOLDENROD
STE. 9
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

2017 N GOLDENROD
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 59-2762451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUINO, MICHAEL
214 CAPEHART DR.
ORLANDO, FL 32807 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: TD () Delete
Name: AQUINO, MICHAEL,
Address: 214 CAPEHART DR.
City-St-Zip: ORLANDO, FL

Title: CD () Delete
Name: SCOTT, ARLINGTON
Address: 10131 MOULTREE CT
City-St-Zip: ORLANDO, FL 32817

Title: PR () Delete
Name: MIKE, DUWE
Address: 2017 GOLDENROD AVE
City-St-Zip: ORLANDO, FL 32825

Title: VC () Delete
Name: DOUG, SPOHN
Address: 14512 DARING AVE
City-St-Zip: ORLANDO, FL 32826

Title: MR () Delete
Name: BASIL, BULLEY
Address: 9940 FLYNY CIR
City-St-Zip: ORLANDO, FL 32825

Title: SCC () Delete
Name: BAILEY, KEVIN
Address: 1220 LAKE MILLS RD
City-St-Zip: CHULUOTA, FL 32766

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: VC (X) Change () Addition
Name: DONNA, DUWE
Address: 2017 N GOLDENROD
City-St-Zip: ORLANDO, FL 32826

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: MICHAEL AQUINO

TD

02/16/2009

Electronic Signature of Signing Officer or Director

Date