

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21305

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE "A" CLUB OF HERNANDO COUNTY, INC.

Current Principal Place of Business:

18922 TITUS ROAD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

18922 TITUS ROAD
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-2823916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, TIM
2324 GRANDFATHER MOUNTAIN
SPRING HILL, FL 34606 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: PCD () Delete
Name: SNYDER, ROBERT E
Address: 2490 BROOKLAWN ST
City-St-Zip: SPRING HILL, FL 34606

Title: DT () Delete
Name: DOYLE, TIM
Address: 2324 GRANDFATHER MOUNTAIN
City-St-Zip: SPRING HILL, FL 34606

Title: SD () Delete
Name: WALDRON, MELANIE
Address: 18833 SAKERA ROAD #4
City-St-Zip: HUDSON, FL 34667

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:

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: TIM DOYLE

DT

01/16/2009

Electronic Signature of Signing Officer or Director

Date