

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22272

FILED
Mar 25, 2009
Secretary of State

Entity Name: TSALA GARDENS COMMUNITY CLUB, INC.

Current Principal Place of Business:

1770 S SPIVEY TERRACE
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

7485 E SHORE DR
INVERNESS, FL 34450 US

New Mailing Address:

P.O. BOX 493
INVERNESS, FL 34451 US

FEI Number: 59-1961774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, SHARON
7615 E SHORE DR
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

STRIEWE, RUTH H.
2091 S. LAKE SPIVEY PT
INVERNESS, FL 34450 US

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: RUTH H. STRIEWE

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBSTER, CHUCK
Address: 200 S HOORING DR
City-St-Zip: INVERNESS, FL 34450

Title: VP () Delete
Name: BENDIK, JEANETTE
Address: 7586 E SHORE DR
City-St-Zip: INVERNESS, FL 34450

Title: SD () Delete
Name: LINCOLN, BARBARA
Address: 2150 S LAKE SPIVEY
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: MCCLAIN, SHARON
Address: 7615 E SHORE DR
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENDIK, JEANETTE
Address: 7586 EAST SHORE DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: VP (X) Change () Addition
Name: FISCHOFER, ARTHUR
Address: 1815 S MOORING DR
City-St-Zip: INVERNESS, FL 34450

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STRIEWE, RUTH H.
Address: 2091 S. LAKE SPIVEY PT
City-St-Zip: INVERNESS, FL 34450

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: RUTH H. STRIEWE

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date