2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N23785

Entity Name: FRIENDS OF ROOKERY BAY, INC.

Current Principal Place of Business:

300 TOWER RD
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

300 TOWER RD
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0094703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAIN, RON
4977 BERKELEY DRIVE
NAPLES, FL 34112 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: YODER-SWAIN, LOIS M
Address: 4977 BERKELEY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete
Name: BAUER, MIKE
Address: 109 DEBRON DRIVE
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: YODER-SWAIM, LOIS M
Address: 4977 BERKDAY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VPD (X) Delete
Name: ROBERTSON, BRUCE
Address: 109 DEBRON DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: ROBERTSON, BRUCE
Address: 672 KENDALL DR
City-St-Zip: MARCO ISLAND, FL 34145

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: BRUCE ROBERTSON PD 04/10/2009

Electronic Signature of Signing Officer or Director — Date