

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 003 ****61.25

DOCUMENT # N23872

1. Entity Name

ALAMEDA ISLES SOCIAL CLUB, INC.



Principal Place of Business

1 ALAMEDA GRANDE
ENGLEWOOD FL 34223

Mailing Address

1 ALAMEDA GRANDE
ENGLEWOOD FL 34223



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2808693

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

PROGRESSIVE COMMUNITY MANAGEMENT
1 ALAMEDA GRANDE
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(If 2nd Registered Agent signature is used with consent)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME BUCHANAN, ADRIANNE
STREET ADDRESS 10 S. ESPLANADE ST
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE PD ☐ Delete
NAME WALL, ANITA
STREET ADDRESS 30N ESPLANADE ST
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE TD ☐ Delete
NAME PATTMAN, JEAN L
STREET ADDRESS 8 N MARINA PLAZA
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE SD ☐ Delete
NAME ORR, DARLENE
STREET ADDRESS 35 S. BUENA VISTA AVE
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
NAME Wall, Anita
STREET ADDRESS 3 N Esplanade St.
CITY-STATE-ZIP Englewood, FL 34223

TITLE VD ☐ Change ☒ Addition
NAME Carroll, Ann
STREET ADDRESS 20 N Flora Vista St.
CITY-STATE-ZIP Englewood, FL 34223

TITLE TD ☒ Change ☐ Addition
NAME Buchanan, Adrienne
STREET ADDRESS 10 S Esplanade St
CITY-STATE-ZIP Englewood, FL 34223

TITLE SD ☐ Change ☒ Addition
NAME Beltzer, Kathy
STREET ADDRESS 1 N Esplanade St
CITY-STATE-ZIP Englewood, FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Adrienne M Buchanan* Adrienne M Buchanan 1/23/08 941-473-5445