2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N23872

Entity Name: ALAMEDA ISLES SOCIAL CLUB, INC.

Current Principal Place of Business:

1 ALAMEDA GRANDE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1 ALAMEDA GRANDE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-2808693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROGRESSIVE COMMUNITY MANAGEMENT
1 ALAMEDA GRANDE
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

O'GRADY, CYNTHIA
1 ALAMEDA GRANDE
ENGLEWOOD, FL 34223 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: CYNTHIA O'GRADY 03/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALL, ANITA
Address: 3 N ESPLANADE ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD ( ) Delete
Name: CARROLL, ANN
Address: 20 N FLORA VISTA ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD ( ) Delete
Name: BUCHANAN, ADRIANNE
Address: 10 S ESPLANADE ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD ( ) Delete
Name: ORR, DARLENE
Address: 35 S. BUENA VISTA AVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD (X) Delete
Name: BALTZER, KATHY
Address: 1 N ESPLANADE ST
City-St-Zip: ENGLEWOOD, FL 34223

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: SD (X) Change ( ) Addition
Name: BALTZER, KATHY
Address: 11 N ESPLANADE ST
City-St-Zip: ENGLEWOOD, FL 34223

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: ADRIANNE M BUCHANAN TD 03/06/2009
Electronic Signature of Signing Officer or Director Date