2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25453

FILED May 26, 2009 Secretary of State

Entity Name: PRESIDENT'S COUNCIL OF HUTCHINSON ISLAND, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
401 EAST	L. CORNETT OSCEOLA STREET FL 349942576			
Current Mailing Address:		New Maili	New Mailing Address:	
401 EAST	L. CORNETT OSCEOLA STREET FL 349942576			
In accordan	: 59-2002450 FEI Number Applied For() FE ce with s. 607.193(2)(b), F.S., the corporation did not rece I Address of Current Registered Agent:	· •	. ,	
CORNET 401 EAST STUART, The above	Γ, JANE L. OSCEOLA STREET FL 34995 US named entity submits this statement for the purpo			
	e of Florida.			
SIGNATU	Electronic Signature of Registered Agent		 Date	
OFFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete GRANDE, CHARLES 9950 S OCEAN DR 705 JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SINGER, CHARLES 401 E OSCEOLA STREET STUART, FL 34994	
Title: Name: Address: City-St-Zip:	V () Delete BLANCHARD, THEODORE 9600 S. OCEAN DR. JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () Delete PACITTI, PATRICIA M 8640 S. OCEAN DR JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete O'CONNER, WALT 10410 S. OCEAN DR JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	T (X) Change () Addition O'CONNOR, WALT 10410 S. OCEAN DR JENSEN BEACH, FL 34957	
Title: Name: Address: City-St-Zip:	S () Delete FILEWICZ, CHARLYN 8650 S. OCEAN DR JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SCHUSTER, KATHY 8700 S. OCEAN DR JENSEN BEACH, FL 34957	
Title: Name: Address: City-St-Zip:	D () Delete BARTELS, WILLIAM 9900 S. OCEAN DR JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: PATRICIA M. PACITTI PRES 05/26/2009