2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N28126

Entity Name: WILLOUGHBY GOLF CLUB, INC.

Current Principal Place of Business:

3001 SE DOUBLETON DR
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

3001 SE DOUBLETON DR
STUART, FL 34997 US

New Mailing Address:

FEI Number: 65-0097237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOVANNELLI, LUANN
3001 SE DOUBLETON DR
STUART, FL 34997 US

Name and Address of New Registered Agent:

TAYLOR, KIRSTY
3001 SE DOUBLETON DR
STUART, FL 34997 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: KIRSTY TAYLOR 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ECKELMAN, ARNIE
Address: 3001 SE DOULETON DR.
City-St-Zip: STUART, FL 34997 US

Title: DS ( ) Delete
Name: LUNDSTEDT, GEORGE
Address: 3001 SE DOUBLETON DR
City-St-Zip: STUART, FL 34997 US

Title: DT ( ) Delete
Name: WALSH, JANET
Address: 3001 SE DOUBLETON DR
City-St-Zip: STUART, FL 34997 US

Title: DVP ( ) Delete
Name: GETTIER, GLENN
Address: 3001 SE DOUBLETON DR
City-St-Zip: STUART, FL 34997 US

Title: D ( ) Delete
Name: FORD, NANCY
Address: 3001 SE DOUBLETON DR.
City-St-Zip: STUART, FL 34997 US

Title: D ( ) Delete
Name: BUTLER, DAVE
Address: 3001 SE DOUBLETON DR.
City-St-Zip: STUART, FL 34997

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

Title: D (X) Change ( ) Addition
Name: FRANK, LYNN
Address: 3001 SE DOUBLETON DR.
City-St-Zip: STUART, FL 34997 US

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: ARNIE ECKELMAN DP 04/14/2009
Electronic Signature of Signing Officer or Director Date