2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28910

FILED Mar 20, 2009 Secretary of State

Entity Name: HARVARD CLUB OF THE WEST COAST OF FLORIDA, INC.

urrent P	rincipal Place	of Business:	New Prince	ipal Place of Busines	SS:	
0224 OA: AMPA, F	SIS PALM DR. L 33615 US					
Current Mailing Address:			New Maili	New Mailing Address:		
	SIS PALM DR. L 33615 US					
El Number	: 86-1059848	FEI Number Applied For ()	FEI Number Not App	icable () Certifica	ate of Status Desired ()	
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Reg	istered Agent:	
	, BRIAN C MR. SIS PALM DR. 'L 33615 US					
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered office or re	egistered agent, or both,	
	e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered office or r	egistered agent, or both,	
the State	e of Florida. RE:	ubmits this statement for the poor to be stat	,		Date	
n the State	e of Florida. RE:	c Signature of Registered Age	nt			
n the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Age CORS: Delete N C MR. ALM DR.	nt		Date ICERS AND DIRECTOR	
n the State SIGNATUI DFFICER: itle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT P () UPSHAW, BRIAI 10224 OASIS P/ TAMPA, FL 336 D () THAYER, A B	c Signature of Registered Age **ORS:* Delete N C MR. ALM DR. 15 US Delete P O BOX 429 N/A	nt ADDITION Title: Name: Address:	S/CHANGES TO OFF	Date FICERS AND DIRECTOR () Addition	
the State IGNATUI FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT P () UPSHAW, BRIAI 10224 OASIS P/ TAMPA, FL 336 D () THAYER, A B FT KING HWY, F THONOTOSASS T () WATSON, ROBE	c Signature of Registered Age ORS: Delete N C MR. ALM DR. 15 US Delete P O BOX 429 N/A A, FL 33592 Delete ERTA C MS Y BLVD, SUITE 2700	nt ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFF	Date FICERS AND DIRECTOR () Addition () 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: BRIAN UPSHAW P 03/20/2009