

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34025

FILED
Mar 23, 2009
Secretary of State

Entity Name: HOMOSASSA RIVER GARDEN CLUB, INC.

Current Principal Place of Business:

NANCY SMITH
39 BIRCHTREE ST
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

HOMOSASSA RIVER GARDEN
P.O. BOX 4293
HOMOSASSA, FL 34447 US

New Mailing Address:

FEI Number: 59-3123354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, NANCY
39 BIRCHTREE ST
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, VALERIE
Address: 10 ENCLAVE PT S
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: SANDLAS, MARIAN
Address: 4 SPRUCE PINE CT. N.
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: NEEL, MARGARET
Address: PO BOX 2089
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: P () Delete
Name: SMITH, NANCY
Address: 39 BIRCHTREE ST
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: NEEL, MARGARET
Address: PO BOX 2089
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

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: MARGARET M. NEEL

TREA

03/23/2009

Electronic Signature of Signing Officer or Director

Date