

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36480

FILED
Jan 20, 2009
Secretary of State

Entity Name: TAMPA BAY GRADY WHITE CLUB, INC.

Current Principal Place of Business:

5433 OAKHURST DR
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

5433 OAKHURST DR
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-2979648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTERBURN, GREG
10112 TARPON DR.
TREASURE ISLAND, FL 33706 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: P () Delete
Name: ARTERBURN, GREG
Address: 10112 TARPON DR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP () Delete
Name: YATES, DAVID
Address: 1703 S. DALE MABRY
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: ECKERLE, WILLIAM
Address: 5433 OAKHURST DR
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: FESTA, MIKE
Address: 7970 25TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: GASH, JERRY
Address: 367 LAHCUENDA DR
City-St-Zip: INDIAN ROOKS, FL 34635

Title: D () Delete
Name: TRINGAHI, STEVE
Address: 114 S. INDIAN ROCKS RD
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: ECKERLE, G W
Address: 5433 OAKHURST DR
City-St-Zip: SEMINOLE, FL 33772

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

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

Title: S (X) Change () Addition
Name: ENGLERT, NORM
Address: 140 MARINA DEL REY
City-St-Zip: CLEARWATER, FL 33767

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: G W ECKERLE

_____ Electronic Signature of Signing Officer or Director

T

01/20/2009

_____ Date