2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39153

FILED Mar 30, 2009 Secretary of State

Entity Name: SEA RAY CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

2549 WHISPERING PINES DR 1723 POPLAR DRIVE

ORANGE PARK, FL 32003 US ORANGE PARK, FL 32073 US

Current Mailing Address: New Mailing Address:

2549 WHISPERING PINES DR 1723 POPLAR DRIVE

ORANGE PARK, FL 32003 US ORANGE PARK, FL 32073 US

FEI Number: 59-3125281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOOPER, PETE G COMM'R
1827 COLONIAL DR.
COOK, JOHN COMM'R
2825 HOLLYBAY ROAD

GREEN COVE SPRINGS, FL 32043 US ORANGE PARK, FL 32073 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: JOHN COOK 03/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VC () Delete Title: VC (X) Change () Addition

 Name:
 GUITE, DON
 Name:
 PERRY, ALAN

 Address:
 4361 TRADEWINDS DRIVE
 Address:
 1723 POPLAR DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32250 US
 City-St-Zip:
 ORANGE PARK, FL 32250 US

Title: RC () Delete Title: RC (X) Change () Addition

Name: PERRY, ALAN Name: LINCOLN, LAURA
Address: 1723 POPLAR DRIVE Address: 4848 RAGGEDY POINT LANE

Address: 1723 POPLAR DRIVE Address: 4848 RAGGEDT POINT LANE
City-St-Zip: ORANGE PARK, FL 32073 US City-St-Zip: ORANGE PARK, FL 32003 US

Title: CS () Delete Title: CS (X) Change () Addition

Name:PERRY, ROZELLEName:SMITH, MARIANNEAddress:1723 POPLAR DRIVEAddress:2549 WHISPERING PINES DRIVECity-St-Zip:ORANGE PARK, FL 32073 USCity-St-Zip:FLEMING ISLAND, FL 32003 US

Title: RS () Delete Title: () Change () Addition

 Name:
 OWEN, CONNE
 Name:

 Address:
 2172 SALT MYRTLE LANE
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32003 US
 City-St-Zip:

Title: TRES () Delete Title: TRES (X) Change () Addition

Name:SMITH, RAYName:PERRY, ROZELLEAddress:2549 WHISPERING PINES DR.Address:1723 POPLAR DRIVECity-St-Zip:ORANGE PARK, FL 32003 USCity-St-Zip:ORANGE PARK, FL 32073 US

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: ROZELLE PERRY TRES 03/30/2009

Electronic Signature of Signing Officer or Director

Date