

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49655

FILED
Jan 09, 2009
Secretary of State

Entity Name: CIVITAN BEACH CLUB, INC.

Current Principal Place of Business:

CIVITAN BEACH CLUB
18604 GULF BLVD
INDIAN SHORES, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

C/O BURT V HALBERT, III
2048 ILLINOIS AVE NE
ST PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-3140259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, STEPHEN D.
1-KEY CAPRI
APT 209E
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: PD () Delete
Name: ECKELBARGER,
Address: 18530 GULF BLVD
City-St-Zip: INDIAN SHORES, FL 33785

Title: VD () Delete
Name: KNAUST, WARREN
Address: 4001 50 AVE SO
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SD () Delete
Name: THOMAS, STEPHEN D.
Address: 1-KEY CAPRI, APT 208E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DT () Delete
Name: HALBERT, BURT V. III,
Address: 2048 ILLINOIS AVE N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: BRECKENRIDGE, EULA
Address: 10855 PARADISE BLV #408
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: KEATING, RICHARD H
Address: 2830 ALTON DR.
City-St-Zip: SAINT PETERSBURG, FL 33706

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

Title: D (X) Change () Addition
Name: HANSON, ROBERT
Address: 7300 SUN ISLE DR
City-St-Zip: SOUTH PASADENA, FL 33707

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: BURT V. HALBERT, III

DT

01/09/2009

Electronic Signature of Signing Officer or Director

Date