

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006278

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** APOLLO BEACH WATERWAY IMPROVEMENT GROUP, INC.

**Current Principal Place of Business:**

ROBERT H. MOHR, ATTORNEY  
137 S PEBBLE BEACH BLVD SUITE 100  
SUN CITY CENTER, FL 335735708 US

**New Principal Place of Business:**

**Current Mailing Address:**

ROBERT H. MOHR, ATTORNEY  
137 S. PEBBLE BEACH BLVD SUITE 100  
SUN CITY CENTER, FL 335735708 US

**New Mailing Address:**

FEI Number: 59-3292113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOHR, ROBERT H  
CORPORATE CENTER, SUITE 100  
137 S. PEBBLE BEACH BLVD.  
SUN CITY CENTER, FL 335735708 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  
Name: BOTHWELL, JAMES C  
Address: 925 ALLEGRO LANE  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: VD  
Name: FLATT, STEPHANIE S  
Address: 917 CAPRICCIO LANE  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: STD  
Name: SMOLENSKI, JOHN V  
Address: 539 ISLEBAY DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: STD  
Name: RAYLE, BRIAN  
Address: 708 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN V SMOLENSKI

STD

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date