2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N96000006502

Entity Name: BEACHES A1A PARROT HEAD CLUB, INC.

Current Principal Place of Business:

P. O. BOX 330864
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 330864
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-3417865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TEAGUE, II E
612 4TH AVE N
JACKSONVILLE BEACH, FL 32250 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: MAYER, DEBRA
Address: 13065 HARBORTON DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD ( ) Delete
Name: WILSON, SUSAN
Address: 2029 MILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete
Name: SHUTER, MIKE
Address: 1030 STOCTON STREET, UNIT 02
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: YELTON, CHARLES E
Address: 1821 LEEWARD LN
City-St-Zip: NEPTUNE BEACH, FL 32266

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

Title: SD (X) Change ( ) Addition
Name: SHUTEK, MIKE
Address: 1030 STOCTON STREET, UNIT 02
City-St-Zip: JACKSONVILLE, FL 32216

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: CHARLES E YELTON PRES 06/22/2009

Electronic Signature of Signing Officer or Director Date