

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000000085

1. Entity Name
CLUB 15, INC.



Principal Place of Business
10316 CARROLL WOOD CT
#52
TAMPA, FL 33618

Mailing Address
P O BOX 10735
TAMPA, FL 33679

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 10735

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa

4. FEI Number
59-3506516

Applied For
Not Applicable

Zip

Zip

FL 336

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, GLADYS
3324 IVY
TAMPA, FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Maria J. Chaudler - treasurer

July 15, 2008

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT
NAME CANASI, BELLA
STREET ADDRESS 10316 CARROLLWOOD CT.
CITY-ST-ZIP TAMPA, FL 33618

Delete

TITLE PT
NAME Chandler, Nilda M
STREET ADDRESS 7613 Lake Cypress Dr.
CITY-ST-ZIP Odessa, FL 33556-1804

Change Addition

TITLE VP
NAME CHANDLER, NILOA M
STREET ADDRESS 7613 LAKE CYPRESS DR.
CITY-ST-ZIP ODESSA, FL 335561804

Delete

TITLE VP
NAME Tamayo, Maria Teresa
STREET ADDRESS 3203 Bayshore Blvd, Apt. 1801
CITY-ST-ZIP Tampa, FL 33629-1711

Change Addition

TITLE S
NAME ALVAREZ, GLADYS
STREET ADDRESS 3324 IVY STREET
CITY-ST-ZIP TAMPA, FL 33607

Delete

TITLE S
NAME Collazo, Nilda
STREET ADDRESS 13145 Village Chase Cir
CITY-ST-ZIP Tampa, FL 33618-4362

Change Addition

TITLE TD
NAME COTERA, CONCEPEIAN
STREET ADDRESS 5820 N CHURCH AVE #449
CITY-ST-ZIP TAMPA, FL 33614

Delete

TITLE TD.
NAME Entralgo, Maria J.
STREET ADDRESS 13009 Fawn Springs Dr.
CITY-ST-ZIP Tampa, FL 33616-2362

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hilda Chaudler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Jul 18, 2008 8:00 am
Secretary of State**

07-18-2008 90016 012 ****61.25

60045154



07142008 Chg-NP CR2E037 (12/06)

Date Daytime Phone #

July 15, 2008 920-1978 (813)