

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001100

FILED
Apr 12, 2009
Secretary of State

Entity Name: CLUB SAVOY, INC.

Current Principal Place of Business:

6354 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6354 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3590282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUGART, PATRICK
5414 RIVER FOREST DRIVE
JACKSONVILLE, FL 32211 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: D () Delete
Name: ALLEN, YVONNE
Address: 1692 HAWKINS COVE E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: BLANC, JOE
Address: 488 ROBERTS AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DT () Delete
Name: JONES, SUSAN
Address: 1888 OSPREY BLUFF BLVD
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: DAVIS, JOAN
Address: 8639 BRIERWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: PAYNE, MICHAEL
Address: 5477 RIVER TRAIL ROAD N
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: LAFEAN, MARY
Address: 3520 FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

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

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: SUSAN JONES

DT

04/12/2009

Electronic Signature of Signing Officer or Director

Date