

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077012

Entity Name: SINGER ISLAND RESORT, INC.

FILED
May 28, 2009
Secretary of State

Current Principal Place of Business:

2636 WEST WAY
SUITE 2
SINGER ISLAND, FL 33404

New Principal Place of Business:

Current Mailing Address:

2626 LAKE DRIVE
SUITE 100
SINGER ISLAND, FL 33404

New Mailing Address:

FEI Number: 16-1727469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, DARLENE
1090 CORAL WAY
SINGER ISLAND, FL 33404 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUDSON, DARLENE
Address: 1090 CORAL WAY
City-St-Zip: SINGER ISLAND, FL 33404

Title: D () Delete
Name: CRAWFORD, KIM
Address: 1090 CORAL WAY
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM CRAWFORD

D

05/28/2009

Electronic Signature of Signing Officer or Director

Date