2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700739

Entity Name: CARLOUEL YACHT CLUB INC

FILED Apr 26, 2008 Secretary of State

JOHN MEEK, JR. DR. MICHAEL ANDRIOLA 1091 ELDORADO 1091 ELDORADO

CLEARWATER, FL 33767 US CLEARWATER, FL 33767 US

New Mailing Address: **Current Mailing Address:**

JOHN MEEK, JR. DR. MICHAEL ANDRIOLA

1091 ELDORADO 1091 ELDORADO

CLEARWATER, FL 33767 US CLEARWATER, FL 33767 US

FEI Number: 59-0558704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLINE, HARRY S 1091 ELDORADO

CLEARWATER, FL 34630 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

THOMPSON JR., ROBERT M Name: Name: 1230 S. MYRTLE AVE., #301 Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip:

Title: () Delete Title: VD (X) Change () Addition SIBSON, JAMES W Name: SIBSON, JAMES W Name:

Address: 445 COUNTRY CLUB ROAD Address: 445 COUNTRY CLUB ROAD City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: BELLEAIR, FL 33756

Title: () Delete Title: PD (X) Change () Addition ANDRIOLA, MICHAEL DR.

Name: ANDRIOLA, MICHAEL DR. Name: 416 LOTUS PATH 416 LOTUS PATH Address: Address:

City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

() Delete Title: Title: (X) Change () Addition Name: KARAPHILLIS, THEO Name: ALLBRIGHT, CLAUDIA

509 OSCEOLA RD 9 AMBLESIDE DRIVE Address: Address: City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: BELLEAIR, FL 33756

Title: () Delete Title: (X) Change () Addition

MEEK, JR., JOHN MEEK, JR., JOHN Name: Name: 51 CARLOUEL DR 51 CARLOUEL DR Address: Address:

CLEARWATER BEACH, FL 33767 City-St-Zip: City-St-Zip: CLEARWATER BEACH, FL 33767

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: DR. MICHAEL ANDRIOLA PD 04/26/2008