

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90021 026 ****61.25

DOCUMENT # 727202

1. Entity Name

**SOUTHBAY YACHT AND RACQUET CLUB OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1400 SOUTHBAY DRIVE
OSPREY FL 34229-6112**

Mailing Address

**1400 SOUTHBAY DRIVE
OSPREY FL 34229-6112**

54026725



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1853018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**McCLENATHEN, CHAD M P.A.
1820 RINGLING BLVD.
SARASOTA FL 34236**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RUTTER, DON
1429 LANDVIEW DR.
OSPREY FL 34229** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SHATTUCK, DAN
304 YACHT HARBOR DR.
OSPREY FL 34229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/P
TRANTER, JAMES
275 lookout point dr.
Osprey, FL. 34229** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LYNCH, SUSAN
1440 SEAFARER DR.
OSPREY FL 34229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec.
BETTY LEHN
1441 LANDVIEW LANE
OSPREY, FL. 34229** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JUNGEMANN, LUTHER
217 WINDWARD DR
OSPREY FL 34229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIRK IRWIN
285 LOOKOUT POINT DR.
OSPREY, FL. 34229** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ODEN, JOHN
1276 FLYING BRIDGE LANE
OSPREY FL 34229** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOODNOUGH, ERNESTINE
1527 BUOY LANE
OSPREY FL 34229** ☐ 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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/04