

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90024 032 ****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**

50000000

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1853018

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, ROBERT L
 227 NOKOMIS AVE
 VENICE, FL 34285**

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PAVLOFF, LOUIS	
STREET ADDRESS	312 YACHT HARBOR DR	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALTRIP, ED	
STREET ADDRESS	110 HARBOR HOUSE DR	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEHN, BETTY	
STREET ADDRESS	1441 LANDVIEW LANE	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, CARSON	
STREET ADDRESS	235 FOUR KNOT LANE	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, BRUCE	
STREET ADDRESS	1236 FLYING BRIDGE LN	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, RICHARD	
STREET ADDRESS	244 FOUR KNOT LN	
CITY-ST-ZIP	OSPREY, FL 34229	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Dan Kriwitsky	
STREET ADDRESS	105 Yacht Harbor	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer Diane Kutter	
STREET ADDRESS	236 Four Knot	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Burton	
STREET ADDRESS	276 Lookout Point Dr.	
CITY-ST-ZIP	OSPREY, FL 34229	

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: *Frei Pavloff* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2007 _____
Date Daytime Phone #