2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N00000002177

Entity Name: GULF ATLANTIC YACHT CLUB, INC.

Current Principal Place of Business:

4424 NW 13 ST.
SUITE C-2
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

4424 NW 13 ST.
SUITE C-2
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 01-0594319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, JIB MR.
4424 NW 13 ST.
SUITE C-2
GAINESVILLE, FL 32609 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: PD ( ) Delete
Name: TRICKEY, SAMUEL B
Address: 723 NW 19 ST
City-St-Zip: GAINESVILLE, FL 32603

Title: VPD ( ) Delete
Name: WARINNER, BILL
Address: 306 NE 5 AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: LAW, RIC
Address: 22802 SW 15 AVE
City-St-Zip: NEWBERRY, FL 32669

Title: TD ( ) Delete
Name: GREGORY, JESSE
Address: 3838 SW 5 PL
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: EDWARDS, MARIA
Address: 20802 NE 132 AVE
City-St-Zip: WALDO, FL 32674

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: TRICKEY, SAMUEL B
Address: 723 NW 19 ST
City-St-Zip: GAINESVILLE, FL 32603

Title: PD (X) Change ( ) Addition
Name: WARINNER, BILL
Address: 306 NE 5 AVE
City-St-Zip: GAINESVILLE, FL 32601

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: SAMUEL TRICKEY VPD 01/18/2008

Electronic Signature of Signing Officer or Director — Date