



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90028 013 ****61.25

DOCUMENT # N40454					
1. Entity Name ISLA DEL SOL YACHT & COUNTRY CLUB, INC.					
Principal Place of Business 6000 SUN BLVD ST PETERSBURG, FL 33715			Mailing Address 6000 SUN BLVD ST PETERSBURG, FL 33715		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02182008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2954671	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANZA, JOHN A 6000 SUN BLVD SAINT PETERSBURG, FL 33715			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAMORE, RONALD		NAME	Harlow Kehoe	
STREET ADDRESS	412 8TH AVE. N.		STREET ADDRESS	6245 Sun Blvd 305-G	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg FL 33715	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONENY, JUDITH		NAME	Roberto Marchese	
STREET ADDRESS	5825 LA PUERTA DEL SOL		STREET ADDRESS	5633 La Puerta del Sol #209	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg FL 33715	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKER, JUDITH		NAME	Roger Scribner	
STREET ADDRESS	6265 SUN BLVD. #704		STREET ADDRESS	7100 Sunset Way #203	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, RONALD		NAME		
STREET ADDRESS	1695 PINELLAS BAYWAY B4		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAMONE, RONALD		NAME		
STREET ADDRESS	412 8TH AVENUE N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-10-08		727-906-4752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #