


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90067 009 ****70.00

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1. Entity Name
SAILFISH POINT FOUNDATION, INC.



Principal Place of Business
**2201 SAILFISH POINT BLVD
 STUART, FL 34996**

Mailing Address
**2201 SAILFISH POINT BLVD
 STUART, FL 34996**

40024318



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

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

02092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0978271

Applied For
 Not Applicable

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

**YOCOM, MICHAEL
 7038 SE HARBOR CIRCLE
 STUART, FL 34996**

Name **Kathryn Adamiak**
 Street Address (P.O. Box Number is Not Acceptable)
6988 SE Harbor Circle
 City **Stuart** FL Zip Code **34996**

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 *Kathryn Adamiak* DATE 2-23-07
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KELLEHER, JOHN 6969 SE HARBOR CIRCLE STUART, FL 34996 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNS, KEN 2900 DUNE DR., #415A STUART, FL 34996 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OSTEEN, SHARON 7026 SE HARBOR CIR STUART, FL 34996 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PARLIN, NANCIE 6992 SE HARBOR CIRCLE STURT, FL 34996 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALGREEN, KATHLEEN 8901 SE N MARINA WAY STUART, FL 34996 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TOLLEY, GEORGE 6760 SE HARBOR CIR STUART, FL 34996 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NANCIE PARLIN 6992 SE Harbor Circle Stuart FL 34996 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mike Evans 6700 SE Harbor Circle Stuart, FL 34996 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Kathryn Adamiak 6988 SE Harbor Circle Stuart FL 34996 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Marilyn Levitt 7034 SE Harbor Circle Stuart, FL 34996 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Craig Marks 2007 SE SAILFISH Pt. Blvd, #207 Stuart, FL 34996 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *Kathryn Adamiak* DATE 2-23-07 DAYTIME PHONE # 772-334-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #