2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90311 012 ****61.25

DOCUMENT # N21190

1. Entity Name
SAILFISH POINT YACHT CLUB, INC.

50042839

Principal Place of Business	Mailing Address
6908 SE N MARINA WAY STUART, FL 34996	6908 SE N MARINA WAY STUART, FL 34996

04132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent:

SCHIAVONE, MICHAEL
7018 SE HARBOR CIRCLE
STUART, FL 34996

7. Name and Address of New Registered Agent

Name PARLIN, GARY V.
Street Address (P.O. Box Number is Not Acceptable)
6992 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 Gary V. Parlin GARY V. PARLIN, Commodore, 4/14/05
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, 2005

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	TSD OSTEEN, DON 7043 SE HARBOR CIR STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Osteen, Don 7026 SE Harbor Circle STUART, FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERETT, LEWIS 6974 SE HARBOR CIR STUART, FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schiavone, Michael 7018 SE Harbor Circle STUART, FL 34996	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERSKOWITZ, ALLEN 6529 SE SOUTH MARINA WAY STUART, FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lugosch, Ellen 7014 SE Harbor Circle STUART, FL 34996	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAXTER, WILLIAM 6915 SE HARBOR CIRCLE STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Avallone, Lou 6957 SE Lakeview Ter. STUART, FL 34996	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOCOM, MICHAEL 7038 SE HARBOR CIRCLE STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Blount, Ted 6980 SE Harbor Circle STUART, FL 34996	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARLIN, GARY 6992 SE HARBOR CIRCLR STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAHNERT, JOHN 2001 SE Sailfish Point Blvd., #406 STUART, FL 34996	☐ 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: Gary V. Parlin 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #