


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90177 030 \*\*\*150.00

<b>DOCUMENT # 670337</b>	
<b>1. Entity Name</b> HARBOUR YACHT CLUB OF SAND KEY, INC.	

<b>Principal Place of Business</b> (581) 1591 GULF BOULEVARD APARTMENT 305 702 CLEARWATER, FL 33767	<b>Mailing Address</b> (581) 1591 GULF BOULEVARD APARTMENT 305 702 CLEARWATER, FL 33767
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03312007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-1998895	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MORTHAM, ERNEST S  
1591 GULF BOULEVARD  
APARTMENT 305 701  
CLEARWATER, FL 33767

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**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 resigning) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CP MORTHAM, ERNEST S 1591 GULF BLVD #701 CLEARWATER BEACH, FL 33767
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VCVP PELON, BRUCE 1591 GULF BLVD #205 CLEARWATER BEACH, FL 33767
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	RCST <del>FERREE, BARBARA</del> Cargi Novak 1591 GULF BLVD #702 CLEARWATER, FL 33767 →
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**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 607, 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:** Ernest S Mortham Pres. 4/09/07 727 596-4705  
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR Date Daytime Phone #