
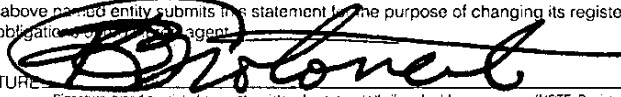


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90076 028 \*\*\*150.00

<b>DOCUMENT #670337</b> 1. Entity Name <b>HARBOUR YACHT CLUB OF SAND KEY, INC.</b>			
Principal Place of Business <b>1587 GULF BOULEVARD APARTMENT 702 CLEARWATER, FL 33767</b>		Mailing Address <b>1587 GULF BOULEVARD APARTMENT 702 CLEARWATER, FL 33767</b>	
2. Principal Place of Business - No P.O. Box # <b>1591 Gulf Blvd</b>		3. Mailing Address <b>1581 Gulf Blvd.</b>	
Suite, Apt. #, etc. <b>#702</b>		Suite, Apt. #, etc. <b>#702</b>	
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>	
Zip <b>33767</b>		Zip <b>33767</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1998895</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORTHAM, ERNEST S 1591 GULF BOULEVARD APARTMENT 701 CLEARWATER, FL 33767</b>		7. Name and Address of New Registered Agent Name <b>Kenneth G. Protonentis</b> Street Address (P.O. Box Number is Not Acceptable) <b>1591 Gulf Blvd.</b> <b>#702</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33767</b>	
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 obligation of the agent. SIGNATURE  DATE <b>3/7/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MORTHAM, ERNEST S 1591 GULF BLVD #701 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Kenneth G. Protonentis 1591 Gulf Blvd. #702 Clearwater, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP PELON, BRUCE 1591 GULF BLVD #205 CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP Michael T Novak 1581 Gulf Blvd. #702 Clearwater, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCST NOVA K, CAROL 1581 GULF BLVD SUITE 702 CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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: <u>Carol Novak</u> <u>Carol Novak</u> Sec.-Treas 3-3-08 813 760-4733 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			