

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002343

**FILED**  
**Feb 13, 2015**  
**Secretary of State**  
**CC0296640221**

**Entity Name:** PORT HUDSON FISHING CLUB, INC.

**Current Principal Place of Business:**

13909 SOMMERS AVE  
HUDSON, FL 34667

**Current Mailing Address:**

13909 SOMMERS AVE  
HUDSON, FL 34667 US

**FEI Number:** 55-0863132

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NARDI, FRANK  
10301 PLAMGREN LN  
SPRING HILL, FL 34608 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name WILKES, MIKE  
Address 13909 SOMMERS AVE  
City-State-Zip: HUDSON FL 34667

Title VP  
Name HARTMAN, BUCK  
Address 14602 MAYER AVE  
City-State-Zip: HUDSON FL 34669

Title S  
Name NERI, LAURA  
Address 14202 KING RICHARDS TRL  
City-State-Zip: HUDSON FL 34669

Title T  
Name SMITH, JAMIE  
Address 7440 HATTERAS DR  
City-State-Zip: HUDSON FL 34667

Title STG  
Name SANDVIK, ERIK  
Address 13352 SUSAN DR  
City-State-Zip: HUDSON FL 34667

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIKE WILKES

**PRESIDENT**

**02/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date