

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21190

Entity Name: SAILFISH POINT YACHT CLUB, INC.**Current Principal Place of Business:**6908 SE N MARINA WAY
STUART, FL 34996**Current Mailing Address:**6908 SE N MARINA WAY
STUART, FL 34996**FEI Number:** 75-3110555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOCKERY, JOSEPH
6540 SE HARBOR CIRCLE
STUART, FL 34996 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:** JOSEPH DOCKERY

03/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COMMODORE
Name DOCKERY, JOSEPH
Address 6540 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name NICHOL, JAMES
Address 6601 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name PARLIN, NANCIE
Address 6992 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

Title TREASURER/SECRETARY
Name SCHAEFER, THOMAS
Address 7012 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name WEBERT, MAGALEN
Address 6521 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

Title VICE COMMODORE
Name FISHER, ROBERT JR.
Address 2681 SE DUNE DRIVE
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name JONES, ROBERT
Address 2001 SE SAILFISH POINT BLVD., #307
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name SCHIAVONE, MICHAEL
Address 7018 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

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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: LISA G. DYER**EXEC. SECRETARY**

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARDWICK, FRED
Address 6639 SE SOUTH MARINA WAY
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name PISANI, JOSEPH
Address 6519 SE SOUTH MARINA WAY
City-State-Zip: STUART FL 34996

Title EXECUTIVE SECRETARY
Name DYER, LISA G
Address 6908 SE N MARINA WAY
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name ZABETAKIS, PAUL
Address 7019 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996