

**2014 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:**NICHOL, JAMES  
6601 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:** JAMES NICHOL

03/18/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name PARLIN, NANCY  
Address 6992 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 DIRECTOR  
Name BAXTER, WILLIAM J  
Address 6915 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

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

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

Title TREASURER  
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

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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**EXECUTIVE SECRETARY** 03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name TAUBE, FRANK  
Address 1925 SE SAILFISH POINT BLVD.  
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