


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90100 020 ***150.00

DOCUMENT # 501025					
1. Entity Name LAND YACHT HARBOR OF MELBOURNE, INCORPORATED					
Principal Place of Business 201 N JOHN RODES BLVD MELBOURNE, FL 32934-8099 US			Mailing Address 201 N JOHN RODES BLVD MELBOURNE, FL 32934-8099 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1827148	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEALY, PATRICK F GRAY ROBINSON, PA 1820 W HIBISCUS BLVD MELBOURNE, FL 32901			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JACK		NAME	THEUNISSEN, JULO	
STREET ADDRESS	201 NORTH JOHN RODES BOULEVARD		STREET ADDRESS	201 N JOHN RODES BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, WILSON D		NAME	BOOTH DICK	
STREET ADDRESS	201 NORTH JOHN RODES BOULEVARD		STREET ADDRESS	201 N JOHN RODES BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEATING, MARILYN		NAME		
STREET ADDRESS	201 N JOHN RODES BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, JACK		NAME		
STREET ADDRESS	201 N JOHN RODES BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, WILL		NAME		
STREET ADDRESS	201 N JOHN RODES BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUKE, JULE		NAME		
STREET ADDRESS	201 NORTH JOHN RODES BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
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 power like empowered.					
SIGNATURE: <i>Marilyn Keating</i>			Date: <i>1-29-07</i> Daytime Phone #: <i>321-254-6298</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					