

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501025

FILED
Feb 01, 2010
Secretary of State

Entity Name: LAND YACHT HARBOR OF MELBOURNE, INCORPORATED

Current Principal Place of Business:

201 N JOHN RODES BLVD
MELBOURNE, FL 329348099 US

New Principal Place of Business:

Current Mailing Address:

201 N JOHN RODES BLVD
MELBOURNE, FL 329348099 US

New Mailing Address:

FEI Number: 59-1827148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, WACO
201 N JOHN RODES BVD
MELBOURNE, FL 32141 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CARTER, WACO
Address: 201 NORTH JOHN RODES BOULEVARD
City-St-Zip: MELBOURNE, FL 32934

Title: T
Name: THEUNISSEN, JULO
Address: 201 N JOHN RODES BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: S
Name: KEATING, MARILYN
Address: 201 N JOHN RODES BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: VP
Name: STODERL, DON
Address: 201 N JOHN RODES BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: LANE, SAM
Address: 201 N JOHN RODES BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: STREET, ROBERT
Address: 201 NORTH JOHN RODES BOULEVARD
City-St-Zip: MELBOURNE, FL 32934

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WACO CARTER

PRES

02/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date