


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90017 036 ****61.25

DOCUMENT # 700015 1. Entity Name PORT CHARLOTTE YACHT CLUB, INC.					
Principal Place of Business 22445 GLASS LANE PORT CHARLOTTE, FL 33980 US				Mailing Address P.O. BOX 494051 PORT CHARLOTTE, FL 33949-4051 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-1117295				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01272004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MUSCO, CAROL L 19178 WATERBURY COURT PORT CHARLOTTE, FL 33948				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Carol L Musco</i></u> DATE <u>1/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, JOHN		NAME	MUSCO, GEORGE	
STREET ADDRESS	3511 DIPPER COURT		STREET ADDRESS	19178 WATERBURY COURT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSCO, GEORGE		NAME	MILROY, JOSEPH	
STREET ADDRESS	19178 WATERBURY COURT		STREET ADDRESS	1019 LUCIA DR	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	2NDV	<input checked="" type="checkbox"/> Delete	TITLE	2NDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILROY, JOSEPH		NAME	PREFONTAINE, HAROLD	
STREET ADDRESS	1019 LUCIA DR		STREET ADDRESS	3265 BEACON DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	FC	<input checked="" type="checkbox"/> Delete	TITLE	FC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, RAY		NAME	CORBETT, BARBARA	
STREET ADDRESS	1667 BLUE LAKE CIR		STREET ADDRESS	3511 DIPPER COURT	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSCO, CAROL		NAME		
STREET ADDRESS	19178 WATERBURY COURT		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUBERT, CONNIE		NAME	MUDGE, JULIE	
STREET ADDRESS	2096 PELLAM BLVD		STREET ADDRESS	18935 MCGRATH CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Carol L Musco</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/27/04</u> Daytime Phone # <u>941-629-1467</u>		