

## DOCUMENT # 700015

1. Entity Name  
PORT CHARLOTTE YACHT CLUB, INC.

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90093 030 \*\*\*\*61.25

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 - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007

Chg-NP

CR2E037 (12/06)

City &amp; State

City &amp; State

4. FEI Number  
59-1117295Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSCO, CAROL L  
 19188 WATERBURY COURT  
 PORT CHARLOTTE, FL 33948

Name Judy Conlon

Street Address (P.O. Box Number is Not Acceptable)

2804 Cabaret StCity Port CharlotteFL Zip Code 33948

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

4-1-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
 Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE R ☐ Delete  
 NAME WYNE, BOB  
 STREET ADDRESS 2682 AUBURN BLVD  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☒ Delete  
 NAME FC  
 STREET ADDRESS CHESKY, DAN  
 CITY-ST-ZIP 18625 KLINGLER CIRCLE  
 PORT CHARLOTTE, FL 33948

TITLE V ☐ Delete  
 NAME SHUBERT, CONNIE  
 STREET ADDRESS 2096 PELLAN BLVD  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE P ☐ Delete  
 NAME PREFONTAINE, HAROLD  
 STREET ADDRESS 3266 BEACON DR  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE T ☒ Delete  
 NAME MUSCO, CAROL  
 STREET ADDRESS 19188 WATERBURY COURT  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE A ☐ Delete  
 NAME SAFFER, CARLA  
 STREET ADDRESS 3101 BAMBOO COURT  
 CITY-ST-ZIP PUNTA GORDA, FL 33950

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice Commodore ☒ Change ☐ Addition  
 NAME WYNE, BOB  
 STREET ADDRESS 2682 AUBURN BLVD  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Commodore ☒ Change ☐ Addition  
 NAME SHUBERT, CONNIE  
 STREET ADDRESS 2096 PELLAN BLVD  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition  
 NAME JUDY CONLON  
 STREET ADDRESS 2804 CABARET  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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:

4-1-07

941-255-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
40055021

## Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

700015

Business Entity Name

PORT CHARLOTTE YACHT CLUB, INC.

FEI Number

59117295

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

22445 GLASS LANE

Suite, Apt. #, etc.

City, State

PORT CHARLOTTE

FL

Zip Code &amp; Country

33980

US

## Mailing Address

Address

P.O. BOX 494051

Suite, Apt. #, etc.

City, State

PORT CHARLOTTE

FL

Zip Code &amp; Country

339494051

US

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

CONLON

JUDY

L

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

2804 CABARET ST.

Suite, Apt. #, etc.

City, State

PORT CHARLOTTE

FL

Zip Code &amp; Country

33948

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

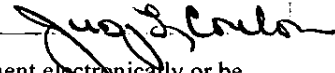
40055021

#700615

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

JUDY L CONLON



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title

ATTACHMENT

40055021

# 700615

Name (Last, First, Middle, Title)

PREFONTAINE HAROLD

- OR -

Entity Name to serve as  
Officer/Director

Street Address

3266 BEACON DR

City, State

PORT CHARLOTTE

FL

Zip Code &amp; Country

33980

Title

T

Name (Last, First, Middle, Title)

CONLON

JUDY

L

- OR -

Entity Name to serve as  
Officer/Director

Street Address

2804 CABARET ST.

City, State

PORT CHARLOTTE

FL

Zip Code &amp; Country

33948

Title

AT

Name (Last, First, Middle, Title)

SAFFER

CARLA

- OR -

Entity Name to serve as  
Officer/Director

Street Address

3101 BAMBOO COURT

City, State

PUNTA GORDA

FL

Zip Code &amp; Country

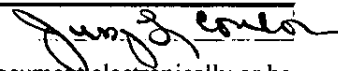
33950

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

T

Officer/Director Signature JUDY L CONLON



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset