
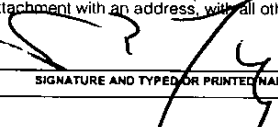


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90068 032 \*\*\*\*61.25

<b>DOCUMENT # 700166</b> 1. Entity Name <b>ST. PETERSBURG YACHT CLUB</b>					
Principal Place of Business <b>11 CENTRAL AVENUE ST PETERSBURG, FL 33701-3998</b>			Mailing Address <b>11 CENTRAL AVENUE ST PETERSBURG, FL 33701-3998</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04172008 Chg-NP		CR2E037 (12/06)	
4. FEI Number <b>59-0433240</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BARDES, PAUL P 11 CENTRAL AVE ST. PETERSBURG, FL 33701</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BICKLEY, FRED L</b> <input checked="" type="checkbox"/> Delete <b>PO BOX 66959</b> <b>SAINT PETERSBURG, FL 33736</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEVEL, C. FRED III</b> <input type="checkbox"/> Delete <b>6901 28TH ST S</b> <b>SAINT PETERSBURG, FL 33712</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEUEL, C. FRED III</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, ROBERT L</b> <input type="checkbox"/> Delete <b>1935 KANSAS AVE NE</b> <b>SAINT PETERSBURG, FL 33703</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DOYLE, RICHARD T</b> <input type="checkbox"/> Delete <b>1957 ARROWHEAD DR. NE</b> <b>SAINT PETERSBURG, FL 33703</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T VARGAS, EDUARDO M.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>59 DOLPHIN DR</b> <b>TREASURE ISLAND, FL 33706</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>ROBERT LOVEJOY</b> <b>4/17/08</b> <b>(727) 822-3873</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>GENERAL MANAGER</b>					