

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90093 037 ****70.00

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02222007 Chg-NP CR2E037 (12/06)

DOCUMENT # 700185 1. Entity Name BIRD KEY YACHT CLUB, INC.					
Principal Place of Business 301 BIRD KEY DRIVE SARASOTA, FL 34236			Mailing Address 301 BIRD KEY DRIVE SARASOTA, FL 34236		
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 59-0906195	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EDWARDS, ROBERT B 301 BIRD KEY DR. SARASOTA, FL 34236				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN, ROBERT E		NAME		
STREET ADDRESS	8350 CYPRESS HOLLOW DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLINARI, ROSE MARIE		NAME	MOLINARI, ROSEMARIE	
STREET ADDRESS	6939 CORRAL GATE LN		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRY, THOMON J		NAME	STEELE, H. WILLIAM	
STREET ADDRESS	1527 PEREGRINE PT DR		STREET ADDRESS	560 GUNWALE LANE	
CITY-ST-ZIP	SARASOTA, FL 342312328		CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, VICKIE L		NAME		
STREET ADDRESS	1848 AMETHYST LN		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, DAVID M		NAME	TAYLOR, DAVID M.	
STREET ADDRESS	116 S WARBLER LN		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MASSARO, ANTHONY A.	
STREET ADDRESS			STREET ADDRESS	372 WEST ROYAL FLAMINGO DR, SARASOTA FL	
CITY-ST-ZIP			CITY-ST-ZIP	34236	
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:		RoseMarie Molinari		02/22/07 (941)927-9268	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	