

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90085 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                     |                                                                                |                                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 701849</b><br>1. Entity Name<br><b>YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                                     |                                                                                |                                                                                                                                                                                                      |  |
| Principal Place of Business<br><b>VENICE, INC.</b><br>1325 TARPON CENTER ROAD<br>VENICE, FL 34285                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                     | Mailing Address<br>C/O STEWARTS<br>1224 RIDGEWOOD AVE<br>VENICE, FL 34285-6939 |                                                                                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>YACHT CLUB APTS ASSOC</b><br>Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | 3. Mailing Address<br><b>YACHT CLUB APTS ASSOC</b><br>Suite, Apt #, etc.<br><b>1325 TARPON CENTER DR</b>            |                                                                                |                                                                                                                                                                                                      |  |
| City & State<br>City: <b>VENICE</b> State: <b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | City & State<br>City: <b>VENICE</b> State: <b>FL</b>                                                                |                                                                                | 4. FEI Number<br><b>59-0936012</b>                                                                                                                                                                   |  |
| Zip<br><b>34285</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Country<br><b>USA</b>                                                                                               |                                                                                | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>STEWARTS</b><br><b>ATTN: SANDY MACINTYRE</b><br><b>1224 RIDGEWOOD AVE.</b><br><b>VENICE, FL 34292-1939</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                                     |                                                                                | 7. Name and Address of New Registered Agent<br>Name <b>SANDI RAASCH</b><br><b>Anne Skinner Tax &amp; Bookkeeping</b><br><b>333 Tamiami Trail S, Ste 257</b><br><b>Venice FL 34285</b><br>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 <b>SANDI RAASCH</b> <b>4/24/08</b><br><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</b><br><b>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</b><br><b>Florida Department of State</b>                                                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                     |                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DT<br>HOLLAND, JOHN M<br>1325 TARPON CENTER #5<br>VENICE, FL 34285     | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>LUCK, JAMES<br>609 CADIZ RD<br>VENICE, FL 34285                  | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>WOOD, NORMAN<br>1325 TARPON CENTER #3<br>VENICE, FL 34285         | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD<br>LEDWIDGE, ROSEMARY<br>1325 TARPON CENTER #14<br>VENICE, FL 34285 | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br>GODLEY, WILLIAM<br>1325 TARPON CENTER<br>VENICE, FL 34285        | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                        | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                        |                                                                                                                     |                                                                                |                                                                                                                                                                                                      |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                     |                                                                                | <b>4-24-08</b> <b>941-485-5130</b><br><small>Date Daytime Phone #</small>                                                                                                                            |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                     |                                                                                |                                                                                                                                                                                                      |  |