## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

Daytime Phone #

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SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOCUMENT #702781** 04-14-2008 90022 042 \*\*\*\*61.25 GULF HARBORS YACHT CLUB, INC. Principal Place of Business Mailing Address 3926 MARINE PARKWAY 3926 MARINE PARKWAY NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1714051 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent. 7...Name and Address of New Registered Agent. Name RHODEN, LORI Street Address (P.O. Box Number is Not Acceptable) 3926 MARINE PARKWAY NEW PORT RICHEY, FL 34652 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable. Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11 10. CFO TITLE TREASURER Change Addition TITLE Delete John Button 5557 Sea Forest Orive # 316 SHUMAN, JAMES NAME NAME STREET ADDRESS 16743 MIDSUMMER LANE STREET ADDRESS New Port RIChey, FL 34652 SPRING HILL, FL 34610 CITY-ST-ZIP CITY-ST-ZIP RC Delete TITLE RHODEN, LORI Losie Icilians NAME NAME 4636 Mitcher Rd 7224 WEST CORT DR. STREET ADDRESS STREET ADDRESS lew port Riebey, Ft 34652 FO Change CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY, FL 34668 TITLE TITLE, ☐ Delete MAJKA TONY MAJKA, TONY 12054 Quall 210ge in. NAME NAME 12054 QUIAL RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34610 Drung Hill Addition TITLE TITLE Delete РĽ MAJKA, TONY NAME NAME Beanie Wyman 332 WOOD DOVE AVE 12054 QUAIL RIDGE DR. STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34610 CITY-ST-ZIP CITY-ST-ZIP TARPON SORING, FL ☐ Change ☐ Addition TITLE TITLE Delete STANARD, MOLLY NAME NAME STREET ADDRESS 4052 MARINE PARKWAY STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP CITY-ST-ZIP . . . Change Oelete TITLE ☐ Addition TITLE JONES, BILL NAME NAME 407 MISTWOOD CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP SPRING HILL, FL 346099635 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.