## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 702781** 

FILED Jan 16, 2009 Secretary of State

Entity Name: GULF HARBORS YACHT CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

3926 MARINE PARKWAY NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

3926 MARINE PARKWAY NEW PORT RICHEY, FL 34652

FEI Number: 59-1714051 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RHODEN, LORI KRISTINE M BIGELOW CPA PA

3926 MARINE PARKWAY 6630 EMBASSY BLVD

NEW PORT RICHEY, FL 34652 US SUITE B

PORT RICHEY, FL 34668 US

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.

SIGNATURE: KRISTINE M BIGELOW 01/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T ( ) Delete Title: ( ) Change( ) Addition

 Name:
 BUTTON, JOHN
 Name:

 Address:
 5557 SEA FOREST DRIVE #236
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:

Title: VP ( ) Delete Title: C (X) Change ( ) Addition

Name: JOCKENS, LELIE Name: JOCKERS, LELIE
Address: 4636 MITCHER RD. Address: 4636 MITCHER RD.

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

 $\label{eq:title:Title:VC} {\sf Title:} \qquad {\sf VC} \qquad {\sf (X) Change (\ ) Addition}$ 

Name:TONY, MAJKAName:RHODES, GEORGEAddress:12054 QUAIL RIDGE DR.Address:5051 PORPOISE PL

City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: RC ( ) Delete Title: RC (X) Change ( ) Addition

 Name:
 WYMAN, BERNIE
 Name:
 PEASE, GARY

 Address:
 332 WOOD DOVE AVE
 Address:
 9539 BUNKER HILL COURT

City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: NEW PORT RICHEY, FL 34655 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BUTTON T 01/16/2009