

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 703135

1. Entity Name
THE ORMOND BEACH YACHT CLUB INC.



Principal Place of Business
**63 N. BEACH ST.
ORMOND BEACH, FL 32174-5601 US**

Mailing Address
**P.O. BOX 1104
ORMOND BEACH, FL 32175 US**



03132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7190052

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALLAHAN, KEVIN
2887 JON ANDERSON DR.
ORMOND BEACH, FL 32176**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000901331
04/29/08-80064-018 61.25

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CALLAHAN, KEVIN**
STREET ADDRESS **2887 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **V**
NAME **WILLIAMS, EARL JR**
STREET ADDRESS **234 CHEROKEE RD**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **ST**
NAME **SERIO, JODY**
STREET ADDRESS **132 FLOMICH ST.**
CITY-ST-ZIP **HOLLY HILL, FL 32117**

TITLE **D**
NAME **ALFREDSON, DALE**
STREET ADDRESS **PO BOX 251285**
CITY-ST-ZIP **HOLLY HILL, FL 32125**

TITLE **D**
NAME **THAMES, ROBERT**
STREET ADDRESS **16 FAIRVIEW AVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D**
NAME **O'DWYER, STEPHEN**
STREET ADDRESS **359 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

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IN THIS SPACE**

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.

Jody Serio, Secretary