

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703703

FILED
Jan 09, 2009
Secretary of State

Entity Name: VENICE YACHT CLUB, INC.

Current Principal Place of Business:

1330 TARPON CENTER DRIVE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

1330 TARPON CENTER DRIVE
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 59-0655991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOONE, E G ESQ
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COOK, HORACE
Address: 824 ADONIS PLACE
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: GRASER, SHAUN D DDS
Address: 628 CADIZ ROAD
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: BILLS, MARK M DDS
Address: 1309 GUILFORD DRIVE
City-St-Zip: VENICE, FL 34292

Title: VTD () Delete
Name: JEPSEN, JOHN G SR
Address: 454 FAIRWAY ISLES DRIVE
City-St-Zip: VENICE, FL 34285

Title: M () Delete
Name: YARZAB, DAVID P
Address: 1774 FOREST ROAD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: PIEL, ROBERT J
Address: 842 MONTICELLO COURT
City-St-Zip: VENICE, FL 34292

Title: VTD (X) Change () Addition
Name: GRASER, SHAUN D DDS
Address: 628 CADIZ ROAD
City-St-Zip: VENICE, FL 34285

Title: D (X) Change () Addition
Name: BILLS, MARK M DDS
Address: 1309 GUILFORD DRIVE
City-St-Zip: VENICE, FL 34292

Title: DP (X) Change () Addition
Name: JEPSEN, JOHN G SR
Address: 454 FAIRWAY ISLES DRIVE
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT J PIEL

SD

01/09/2009

Electronic Signature of Signing Officer or Director

Date