2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 All Secretary of State

| DOCUMENT # 704357 1. Entity Name THE NORTH PORT YACHT CLUB, INC. | | | | | | | |
|--|---|--|--|------------------------------------|---|--|--------------------|
| Principal Plac P.O. BOX 72 NORTH POR | 48 | Mailing Address P.O. BOX 7248 NORTH PORT, FL 34287 | | | BB IIK BIBBB JKBA BBIJI 1996 | BIĞI BIRI KIBI ALBI | ICHI KANITELDI KAN |
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| MURPHY, 206 MCDIL PORT CHA | | | The state of the s | NOT WI | - 10 MAR 18 18 18 18 18 18 18 18 18 18 18 18 18 | | |
| 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 acceptive obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithms required when rematating) DATE | | | | | | | r with, and accept |
| | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Fina Trust Fund Contribution. | | i.00 May Be ded to Fees | | | |
| 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRI C DEBOŅO, ALFRED 18650 LAKE WORTH BLVD PORT CHARLOTTE, FL 33948 | ECTORS | | | | 06883037 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC DORFER, DONALD 6348 KENWOOD DR. NORTH PORT, FL 34287 | | | | 04/10/07 | -80074-02 | 20,61725 |
| NAME STREET ADDRESS CITY-ST-ZIP | ST MURPHY, DIANE C 206 MCDILL DRIVE PORT CHARLOTTE, FL 33953 | | | DO | NOT W | RITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | · | | | IN | THIS SE | AUE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | | | The state of the s | |
| 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. | | | | | | | |