

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 704357
 1. Entity Name
THE NORTH PORT YACHT CLUB, INC.



FILED
09 APR -9 PM 2:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09

Principal Place of Business: P.O. BOX 7248, NORTH PORT, FL 34287
 Mailing Address: P.O. BOX 7248, NORTH PORT, FL 34287

2. Principal Place of Business - No P.O. Box #: 18650 Lake Worth Blvd, Suite, Apt. #, etc.
 3. Mailing Address: 18650 Lake Worth Blvd, Suite, Apt. #, etc.

City & State: Port Charlotte, FL
 Zip: 33948

4. FEI Number: 59-6179969
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, DIANE C
 206 MCDILL DR.
 PORT CHARLOTTE, FL 33953

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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 agent.

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SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEBONO, ALFRED 18650 LAKE WORTH BLVD PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DORFER, DONALD 6348 KENWOOD DR. NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, DIANE C 206 MCDILL DRIVE PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02/07/08 90023 022 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past Commodore Jesse Kniley 12018 Saragossa Ln North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andrew Napolitan 4846 Calah St North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Angela Goodrich 3132 Mill Run Ct North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Evelyn Simpson 7570 Lyncrest St, N. Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: Alfred DeBono Date: April 5th 2009 Daytime Phone #: 941-255-0625

DC 4/10