


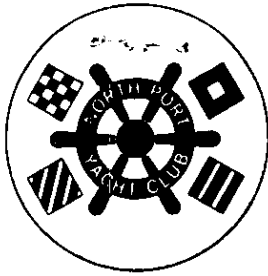
**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90171 024 \*\*\*\*61.25

<b>DOCUMENT # 704357</b>					
1. Entity Name <b>THE NORTH PORT YACHT CLUB, INC.</b>					
Principal Place of Business 7050 CHANCELLOR BLVD PO BOX 7132 NORTH PORT FL 34287-0132			Mailing Address 7050 CHANCELLOR BLVD PO BOX 7132 NORTH PORT FL 34287-0132		
2. Principal Place of Business		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6179969</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent <b>PRIVITERA, SALVATORE 5013 KINGSLEY N PORT FL 34287</b>			7. Name and Address of New Registered Agent		
			-- Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD DEBONO, ALFRED 18650 LAKE WORTH BLVD PORT CHARLOTTE FL 33948</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Commodore Fred DeBono 18650 Lake Worth Blvd Port Charlotte, Fl. 33948</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RCD DONOFRIO, LEONARD 5831 HOB HILL AVE NORTH PORT FL 34287</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD COOLIDGE, HARRY 4012 ABBOTSFORD ST NORTH PORT FL 34287</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MURPHY, DIANE 206 MCDILL DRIVE PORT CHARLOTTE FL 33953</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer Diane Murphy 206 McDill Dr. Port Charlotte, Fl. 33953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD PRIVITERA, SALVATORE 5013 KINGSLEY RD NORTH PORT FL 34287</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Vice Com Salvatore Privitera 5013 Kingsley Rd. North Port, Fl. 34287</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Diane C Murphy</i> <b>8-18-03</b> <b>941-625-9722</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CFR2037 (10/02)



*Attachment*  
*North Port Yacht Club, Inc.*

P.O. BOX 7132  
NORTH PORT, FLORIDA 34287

March 24, 2003

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Fl., 32314

Reference Number: 704357 55025690

Dear Sirs:

As per your letter of March 4, 2003 the following Officers and Directors are our new Corporation Board.

Commodore/President	Alfred DeBono-address already on form
Vice Commodore/Vice Comm.	Salvatore Privitera-address already on form
Secretary/Treasurer	Diane Murphy-address already on form

Directors:

Dottie Dorfer	6348 Kenwood Dr., North Port, Fl 34287
Andrew Napolitan	4846 Calah St., North Port, Fl. 34287
Fred Salzer	151 Martinique Rd., North Port, Fl 34287
Evelyn Simpson	7570 Lyncrest St., North Port, Fl 34287

If you should have any further questions please feel free to contact me.

Sincerely,

*Diane Murphy*

Diane Murphy  
Secretary/Treasurer

cc: file