## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 12, 2007 8:00 am Secretary of State

1. Entity Nam	MENT #711126 DORA YACHT CLUB, INC				^	02-12-200	_		61.25		
Principal Place of Business 4TH AVENU AND MCDONALD ST POST OFFICE BOX 876 MT DORA, FL 32757		Mailing Address POST OFFICE BOX 876 MT DORA, FL 32757			4001				]   <b>                                  </b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252007	Chg-NP	CR2E0	37 (12/06)			
City & Stat	e	City & State			4. FEI Number 59-0690	715		<b>→</b>	oplied For ot Applicable		
Zip 	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require			
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered /	Agent			
POTTER, DEL G. 308 E 5TH AVE				Name  Street Address (P.O. Box Number is Not Acceptable)							
	ORA, FL 32757										
· ·				City FL Zip Code							
8. The above	named entity submits this statement f	or the purpose of changing its re	egistered office or	registere	ed agent, or both,	in the State of F		familiar with,	and accept		
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and trille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: H	Registered Agent signatu	ire required	when reinstating)		DATE		<del>-</del>		
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	t and tille if applicable. (NOTE: R  9. Election Camp  Trust Fund Cor	aign Financing		when reinstating)  \$5.00 May Be Added to Fees	I	DATE Make checi orida Depar				
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be	Flo	Make checi orida Depar	tment of Si	tate		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	eaign Financing ntribution.		\$5.00 May Be Added to Fees	IGES TO OFFIC	Make checi orida Depar ERS AND DII	RECTORS IN	tate		
10.  IIILE  NAME  STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  CD  MENNE, WAYNE L 31538 ROUND LK RD	9. Election Camp Trust Fund Cor IRECTORS  Delete	naign Financing ntribution.  11. TITLE NAME STREET ADDRESS	CD 54 93, M VC Son 50	\$5.00 May Be Added to Fees DDITIONS/CHAP LPhens & Fair ount Do 1) nentage 50 6 Add	Tommy I'm A  Tommy  Tommy	Make check orda Departers AND DIE	RECTORS IN	tate		
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  CD  MENNE, WAYNE L 31538 ROUND LK RD  MOUNT DORA, FL 32757  VCD  STEPHENS, TOMMY E 936 FAIRVIEW AVE	9. Election Camp Trust Fund Cor IRECTORS	ntribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	CD 548 93. M. Son 50 M.	\$5.00 May Be Added to Fees DDITIONS/CHAP LPhENS E FAIN OUNT DO 1) NENT AG 50 6 SE FULL DO	TOMMY INTER FA  SON FIN	Make check orda Departers AND DIE Les 327	tment of SIRECTORS IN  Change  Change  Change	I 10 Addition		
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  CD  MENNE, WAYNE L 31538 ROUND LK RD  MOUNT DORA, FL 32757  VCD  STEPHENS, TOMMY E 936 FAIRVIEW AVE  MOUNT DORA, FL 32757  RCD  SONNETOG, JOHN 5050 GREENBRIAR TR	9. Election Camp Trust Fund Cor IRECTORS  Delete	ntribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	CD 548 93. M. Son 50 M.	\$5.00 May Be Added to Fees DDITIONS/CHAP LPhens & Fair ount Do 1) nentage 50 6 Add	TOMMY INTER FA  SON FIN	Make check orda Departers AND DIE Les 327	tment of SIRECTORS IN  Change  Change  Change	I 10 Addition		
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12. Thereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OF PRINTED HAND OF SIGNING OFFICER OR DIRECTOR

352-357-6210