

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90033 033 ****61.25

DOCUMENT # 711478					
1. Entity Name SAN JOSE YACHT CLUB, INC.					
Principal Place of Business 7529 SAN JOSE BLVD. JACKSONVILLE, FL 32217			Mailing Address 7529 SAN JOSE BLVD. JACKSONVILLE, FL 32217		
40005000					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0587258	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIRLEY, A. JOYCE 4047 MIZNER CT JACKSONVILLE, FL 32217			Name <u>JAMES H. BRAGDON</u> Street Address (P.O. Box Number is Not Acceptable) <u>944 SORRENTO ROAD</u> City <u>JACKSONVILLE</u> FL Zip Code <u>32207</u>		
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 <u>James H. Bragdon</u> <u>JAMES H. BRAGDON</u> <u>APR 8, 2008</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME SMITH, WILSON STREET ADDRESS 13766 MANDARIN RD CITY-ST- ZIP JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		TITLE PD NAME MORGAN OGILVIE STREET ADDRESS 7946 SAN JOSE BLVD CITY-ST- ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SHIRLEY, JOYCE A STREET ADDRESS 4047 MIZNER CT CITY-ST- ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE TD NAME JAMES H. BRAGDON STREET ADDRESS 944 SORRENTO ROAD CITY-ST- ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME GODWIN, HELEN S STREET ADDRESS 8441 MIZNER CIRCLE N CITY-ST- ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE SD NAME EILEEN ELSINGER STREET ADDRESS 9252 SAN JOSE BLVD CITY-ST- ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME WILLIAMS, WILLIAM M STREET ADDRESS 1705 PLANTATION DR CITY-ST- ZIP JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		TITLE VD NAME JAMES McDONALD STREET ADDRESS 2203 CHERYL DR. CITY-ST- ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ABBOUD, THOMAS STREET ADDRESS 3647 VIA DE LA REINA CITY-ST- ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE D NAME GEORGE LINVILLE STREET ADDRESS 2145 SWEET BRIAR LANE CITY-ST- ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME TYSON, JAMES D STREET ADDRESS 13567 MANDARIN RD CITY-ST- ZIP JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		TITLE D NAME WILSON SMITH STREET ADDRESS 13766 MANDARIN ROAD CITY-ST- ZIP JACKSONVILLE, FL 32223	<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: <u>James H. Bragdon</u> <u>JAMES H. BRAGDON</u> <u>APR 8, 2008</u> <u>904-398-0709</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					