


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90079 030 ****61.25

DOCUMENT # 713116	
1. Entity Name SPORTSMAN'S YACHT AND SAILING CLUBS, INC.	

Principal Place of Business 1401 SE 47TH ST CAPE CORAL FL 33904	Mailing Address 1401 SE 47TH ST CAPE CORAL FL 33904
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

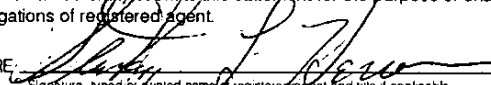


1st MOORE CR2E037 (10/04)

4. FEI Number 59-1461487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JACOBY, FRANK 3708 SE 17TH PLACE CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name: HERRON, STANLEY Street Address (P.O. Box Number is Not Acceptable): 5310 SW 27TH PLACE City: CAPE CORAL FL Zip Code: 33914
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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.

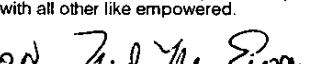
SIGNATURE:  DATE: 2-24-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: JACOBY, FRANK STREET ADDRESS: 3708 SE 17TH PLACE CITY-ST-ZIP: CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: HERRON, STANLEY STREET ADDRESS: 5310 SW 27TH PLACE CITY-ST-ZIP: CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HERRON, STANLEY STREET ADDRESS: 5310 SW 27TH PL CITY-ST-ZIP: CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: RON KIMBLE STREET ADDRESS: 1440 SE 11TH STREET CITY-ST-ZIP: CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NIELSEN, HOWARD STREET ADDRESS: 3125 SE 10TH AVE. CITY-ST-ZIP: CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: MANUEL MERCADO STREET ADDRESS: 2001 PALACOGRADE PKWY CITY-ST-ZIP: CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HUMPHREY, JOAN STREET ADDRESS: 1270 SANDCASTLE RD CITY-ST-ZIP: SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: NED MCEWAN STREET ADDRESS: 4218 SW 12TH PLACE CITY-ST-ZIP: CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SHIVELY, MARIE STREET ADDRESS: 4941 EDITH ESPLANADE CITY-ST-ZIP: CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KIMBLE, RON STREET ADDRESS: 1440 SE 11TH ST. CITY-ST-ZIP: CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete	TITLE: NAME: JAMES HUGHES STREET ADDRESS: 2528 S.E. 25TH AVENUE CITY-ST-ZIP: CAPE CORAL, FL 33904	<input checked="" 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)(i), 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: NED MCEWAN  TREASURE 2/15/05 (239) 542-6301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR