


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90016 047 ****61.25

DOCUMENT # 713505					
1. Entity Name PUNTA GORDA BOAT CLUB, INC.					
Principal Place of Business 802 W RETTA ESPLANADE P.O. BOX 511055 PUNTA GORDA, FL 33951-1055 US			Mailing Address 802 W RETTA ESPLANADE P.O. BOX 511055 PUNTA GORDA, FL 33951-1055 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7094616	
Zip	Country	Zip	Country	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		
VAN JONES, ROBERT 2131 EL CERITO COURT PUNTA GORDA, FL 33950			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOKENSON, FRANK		NAME	BARNETT, WILLIAM	
STREET ADDRESS	420 CAICOS DR		STREET ADDRESS	490 VIA ESPLANADE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN JONES, ROBERT		NAME		
STREET ADDRESS	2131 EL CERITO COURT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEARDSLEE, JAN		NAME	GWYNN, CHRIS	
STREET ADDRESS	409 CAICOS DR		STREET ADDRESS	3416D SUNSET KEY CIRCLE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, WILLIAM		NAME	MC GUIRE, RON	
STREET ADDRESS	490 VIA ESPLANADE		STREET ADDRESS	110 COLONIAL ST SW	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert A. Van Jones</i>		ROBERT A. VAN JONES		Date: 2-15-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 941-639-6955	