2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715592

Entity Name: SANFORD YACHT CLUB, INC.

FILED Feb 02, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2099 SHAD GENEVA, F	OOW DRIVE FL 32771 US	3					
Current Mailing Address:				New Mailing Address:			
204 LARKWOOD DRIVE SANFORD, FL 32771 US		JS	204 LARKWOOD DRIVE STE 100 SANFORD, FL 32771 US				
FEI Number:		FEI Number Applied For ()	Number Applied For () FEI Number Not Applicable		icable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JACOBS, CARLTON J 204 LARKWOOD DRIVE SANFORD, FL 32771 US				JACOBS, CARLTON J 204 LARKWOOD DRIVE STE 100 SANFORD, FL 32771 US			
The above in the State		bmits this statement for the p	urpose o	f changing it	ts registered o	ffice or registered	agent, or both,
SIGNATURE:				02/02/2008			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () E CARUSO, FRED 2100 SHADY LN GENEVA, FL 32			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VD ()E DYER, JACK M J 3106 KATHLEEN ORLANDO, FL 3	DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD ()E WILSON, SUSAN 3113 KATHLEEN ORLANDO, FL 3	DR		Title: Name: Address: City-St-Zip:	SD (X) CARUSO, CLAU 2100 SHADY LI GENEVA, FL 3	N	
Title: Name: Address: City-St-Zip:	TD ()E JACOBS, CARLT 204 LARKWOOD SANFORD, FL 3	DR		Title: Name: Address: City-St-Zip:	TD (X) JACOBS, CARL 204 LARKWOO SANFORD, FL	D DR	
Title: Name: Address: City-St-Zip:	D () E NEWKIRK, DEAN 2418 PRINCESS ORLANDO, FL 3	CAROL CT.		Title: Name: Address: City-St-Zip:	D (X) SANDERS, THO 4614 REDFERN ORLANDO, FL	N DR	
Title: Name: Address: City-St-Zip:	D () E JACOBS, WILLIA 1150 LAKE HARN GENEVA, FL 327	IEY ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON J. JACOBS DT 02/02/2008