

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

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90042 032 ****61.25

DOCUMENT # 716229

1. Entity Name

SAINTS AND SINNERS YACHT CLUB, INC., PORT ST. LUCIE, FLORIDA



Principal Place of Business

Mailing Address

**SANDPIPER BAY
P. O. BOX 9362
PORT ST. LUCIE FL 34985-6362**

**SANDPIPER BAY
P. O. BOX 9362
PORT ST. LUCIE FL 34985-6362**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-9236898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEVOE, STANLEY
1862 ELROSE STREET
PORT SAINT LUCIE FL 34952**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☒ Delete
NAME **CENTEN, ROBERT**
STREET ADDRESS **1102 SE MITCHELL AVE, #306**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **Commodore** ☒ Change ☐ Addition
NAME **Edward Tessier**
STREET ADDRESS **2736 SE Eagle Dr.**
CITY-ST-ZIP **Port St. Lucie, FL 34984**

TITLE **SD** ☐ Delete
NAME **COSLETT, BARBARA**
STREET ADDRESS **3282 SE RIVER VISTA DR.**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PRICE, CHARLENE**
STREET ADDRESS **2401 LOOKOUT BLVD. S.**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEVOE, STANLEY**
STREET ADDRESS **1862 ELROSE STREET**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: CHARLENE C. PRICE **CHARLENE C. PRICE** **3-8-05 772-336-237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #