

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90036 017 \*\*\*\*61.25

**DOCUMENT # 716229**

1. Entity Name  
**SAINTS AND SINNERS YACHT CLUB, INC., PORT ST.  
LUCIE, FLORIDA**



Principal Place of Business  
**SANDPIPER BAY  
P. O. BOX 9362  
PORT ST. LUCIE, FL 34985-6362**

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

40007534



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**05-9236898**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ROBERT TEIFER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1690 SW COXSWAINS PL.**  
City **PALM CITY** FL Zip Code **34990**

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 *Robert Teifer*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE **C** ☒ Delete  
NAME **TESSIER, EDWARD**  
STREET ADDRESS **2736 SE EAGLE DR**  
CITY-ST-ZIP **PORT SAINT 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 **TD** ☐ Delete  
NAME **PRICE, CHARLENE**  
STREET ADDRESS **2401 LOOKOUT BLVD**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34984**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **COMMODORE** ☒ Change ☐ Addition  
NAME **ROBERT TEIFER**  
STREET ADDRESS **1690 SW COXSWAINS PL.**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **SD** ☒ Change ☐ Addition  
NAME **ROBERT VANDERZEE**  
STREET ADDRESS **7338 PINE CREEK WAY**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **PAUL TREMBLAY**  
STREET ADDRESS **9650 S. OCEAN DR #104**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

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

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 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: *Charlene C. Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-  
3-5-07-336-2379  
Date Daytime Phone #