2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716229

FILED Feb 12, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:		
SANDPIPE P. O. BOX PORT ST.		349856362				
Current Mailing Address:			N	New Mailing Address:		
SANDPIPE P. O. BOX PORT ST.		349856362				
FEI Number:	: 05-9236898	FEI Number Applied For () FEI Numb	er Not Appl	icable ()	Certificate of Status Desired ()
Name and	l Address of	Current Registered Agen	ıt: N	Name and	Address o	f New Registered Agent:
JENSEN E The above	CÉAN DR STI BEACH, FL 3	4957 US	the purpose of c	changing i	ts registered	d office or registered agent, or both,
SIGNATUF	RE:					
		onic Signature of Registered	Agent c			Date
OFFICERS AND DIRECTORS:			F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TREMBLAY, I 9650 S OCEA) Delete PAUL NN DR STE 104 CH, FL 34957	N A	itle: lame: ddress: city-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	TREMBLAY, Î 9650 S OCEA) Delete DIANE NN DR STE 104 CH, FL 34957	N A	itle: lame: ddress: city-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	T (FEIFER, MAR 1690 SW CO PALM CITY, F	XSWAINS PL	N A	itle: lame: ddress: city-St-Zip:	TEIFER, MA	DXSWAINS PL
Title: Name: Address: City-St-Zip:	TREMBLAY, I 9650 S OCEA		N A	itle: lame: ddress: city-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	GELDKE, WI 1820 NE JEN)Delete LLIAM SEN BCH BLVD CH, FL 34957	N A	itle: lame: ddress: City-St-Zip:		(X) Change ()Addition ILLIAM NSEN BCH BLVD ACH, FL 34957

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: MARY TEIFER T 02/12/2009