


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90083 050 \*\*\*\*75.00

**DOCUMENT # 716526**

1. Entity Name  
 COLONY YACHT CLUB, INC.



Principal Place of Business 2800 NE 30TH AVENUE LIGHTHOUSE POINT, FL 33064 US	Mailing Address 2800 NE 30TH AVENUE LIGHTHOUSE POINT, FL 33064 US
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**DO NOT WRITE IN THIS SPACE**

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01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0027988	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

REILLY, FRANK ESQ.  
 600 CORPORATE DRIVE  
 SUITE 510  
 FORT LAUDERDALE, FL 33334

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODEN, PETER 2758 N.E. 30TH AVENUE, #4-B LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACDERMOTT, CHARLOTTE 2800 N.E. 30TH AVENUE, #12-A LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERRIAMFRIEND, JANET 2800 NE 30TH AVENUE #10-A LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, HYER 2800 N.E. 30TH AVENUE, #12-A LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, CONRAD - CONRAD 2758 NE 30AVE., #2B LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Peter B. Boden Sr. (PETER B. BODEN SR.) 1-14-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #