


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90187 019 ****61.25

DOCUMENT # 728701 1. Entity Name CROSSROADS YACHT CLUB, INC.					
Principal Place of Business 815 COLORADO AVE. P.O. BOX 2255 STUART, FL 34995			Mailing Address 815 COLORADO AVE. P.O. BOX 2255 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0370920	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BESSETTE, OLIVER 1550 NE OCEAN BLVD APT A207 STUART, FL 34996				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	C CHAPMAN, BERRY 4174 SE CENTERBOARD LANE STUART, FL 34997		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAND, WILLIAM A 4 EAST HIGH POINT RD. SEWALL'S POINT, FL 34996		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERDEN, ARTHUR F 1106 SW SHORELINE DR 123 PALM CITY, FL 34990		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 SW Shoreline Dr. #312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BESSETTE, OLIVER 1550 NE OCEAN BLVD APT A207 STUART, FL 34996		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKENBACK, THOMAS 3754 SE FAIRWAY EAST STUART, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8 ADDITIONS SEE ATTACHED SHEET
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: <i>Oliver Besette</i> OLIVER BESSETTE 4/15/07 772-225-7881 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40068063
ATTACHMENT # 28701

D
WILLIAM E. AMSLER
3 SIMARA STREET
SEWALL'S POINT, FLA. 34996

D
JOHN P. BARTELS
3 ST. LUCIE COURT
SEWALL'S POINT, FLA. 34996

D
STEPHEN HEARTT
3352 SE COURT DRIVE
STUART, FLA. 34997

V
STEPHEN R. SHAW
152 SE HARBOR POINT DRIVE
STUART, FLA. 34996

D
JOSEPH A. GUTHERZ
3901 SE ST LUCIE BLVD
MARINER CAY # 48
STUART, FLA. 34997

D
E. GRANT HESSER
1211 SW SHORLINE DR. #2209
PALM CITY FLA. 34990

D
ROBERT G. RANDALL
5353 SW. ANHINGA LANE
PALM CITY, FLA. 34990

D
JOSEPH DONAHUE
3901 SE ST. LUCIE BLVD.
MARINER CAY # 34
STUART, FLA. 34997