

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728701

FILED
Jan 15, 2009
Secretary of State

Entity Name: CROSSROADS YACHT CLUB, INC.

Current Principal Place of Business:

1550 NE OCEAN BLVD
A207
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1550 NE OCEAN BLVD
A207
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0370920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESSETTE, OLIVER S/T
1550 NE OCEAN BLVD
A207
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAND, WILLIAM A
Address: 4 EAST HIGH POINT RD.
City-St-Zip: SEWALL'S POINT, FL 34996

Title: D () Delete
Name: SHERDEN, ARTHUR F
Address: 1100 SW SHORELINE DR. #312-W
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: HEARTT, STEPHEN
Address: 3352 SE COURT
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: RICKENBACK, THOMAS
Address: 3754 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: SHAW, STEPHEN R
Address: 152 HARBOR POINT DRIVE
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: DONAHUE, JOSEPH
Address: 3901 SE ST. LUCIE BLVD #34
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RANEY, JOHN J
Address: 1230 SE PARKVIEW APT D-3
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OLIVER BESSETTE

S/T

01/15/2009

Electronic Signature of Signing Officer or Director

Date