


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-18-2007 90027 041 ****61.25

DOCUMENT # 729890	
1. Entity Name PORT SEWALL HARBOR AND TENNIS CLUB OWNERS ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 1733 PORT SALERNO, FL 34992 US	Mailing Address P.O. BOX 1733 PORT SALERNO, FL 34992 US
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2. Principal Place of Business - No P.O. Box # BRISTOL MANAGEMENT SERV Suite, Apt. #, etc. 1930 COMMERCE LANE STE 1 City & State JUPITER, FL Zip 33458 Country PALM BEACH	3. Mailing Address BRISTOL MANAGEMENT SERV Suite, Apt. #, etc. 1930 COMMERCE LANE STE 1 City & State JUPITER, FL Zip 33458 Country PALM BEACH
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03292007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent EARLE BONAN, ROSS PA 759 S FEDERAL HWY STE 212 STUART, FL 34994	
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4. FEI Number 59-2403363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <u><i>Dorothy Olinger, Manager</i></u> <u><i>Dorothy Olinger</i></u> <u><i>4/12/07</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, STEPHEN 3909 SE QUANSET TERRACE STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEANN CONRAD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 29856 GLASGOW DRIVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORCORAN, LESLIE 3013 SE QUANSET TERRACE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition QUANSET CIRCLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD CANESE, BARBARA 3060 SW FALMOUTH DR STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CSD SHAWN MITCHELL 3094 QUANSET CIRCLE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEPOLO, DONALD 3561 SE MICANOPY TERRACE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRES DEPOLO, DONALD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD TYPNER, JEANINE 2976 SE GLAAS COW DRNE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2976 GLASGOW DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John J. C.* *4/12/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #