

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90075 046 ****61.25

DOCUMENT # 730223

1. Entity Name
SOUNDINGS YACHT AND TENNIS CLUB, INC.

Principal Place of Business 10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790	Mailing Address 10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1651162		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARLOW, HERBERT B 8864 SE PELICAN ISLAND WAY HOBE SOUND FL 33455				Name SCOTTIE MOORE			
				Street Address (P.O. Box Number is Not Acceptable) 8937 SE STAR ISL. WAY			
				City HOBE SOUND		FL	

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.

SIGNATURE DATE **2-4-02**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARLOW, HERBERT B			NAME	SCOTTIE MOORE		
STREET ADDRESS	8864 SE PELICAN ISLAND WAY			STREET ADDRESS	8937 SE STAR ISL WAY		
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP	HOBE SOUND, FL 33455		
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEELE, WILLIAM			NAME	STEELE, WILLIAM		
STREET ADDRESS	8631 SE SOUNDINGS PL			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPOSITO, FRANK			NAME			
STREET ADDRESS	8554 SE SEAGRAPE WAY			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, PAUL			NAME			
STREET ADDRESS	8625 SE GULFSTREAM PLACE			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOZNESKY, DAVID			NAME	JEFF HARRIS		
STREET ADDRESS	9024 SE PELICAN ISLAND WAY			STREET ADDRESS	9167 SE STAR ISL. WAY		
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP	HOBE SOUND, FL 33455		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE **2-4-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)