


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90010 033 ****61.25

DOCUMENT # 730223 1. Entity Name SOUNDINGS YACHT AND TENNIS CLUB, INC.			
Principal Place of Business 10301 S.E. SOUNDINGS DRIVE HOBE SOUND FL 33475-1790		Mailing Address 10301 S.E. SOUNDINGS DRIVE P.O. BOX 1790 HOBE SOUND FL 33475-1790	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1651162		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, DEBORAH 759 S FEDERAL HWY, STE 212 STUART FL 34994		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 _____ (NOTE: Registered Agent signature only need when re-registering) _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	COM ROGERS, LAWRENCE 8545 SE GULFSTREAM PL HOBE SOUND FL 33455 <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	VC STEELE, WILLIAM 8631 SE SOUNDINGS FL HOBE SOUND FL 33455 <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	RC HARRIS, JEFF 9187 SE HARBOR ISLAND WAY HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC GEORGE GERBER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8666 SE GULFSTREAM PLACE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOBLOCK, LAURIE 9127 SE STAR ISLAND WY HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEILA MEDLEY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8642 SE SOUNDINGS PLACE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHEY, WILLIAM 8848 SE STAR ISLAND WY HOBE SOUND FL 33455 <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	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 Section 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: _____

4/22/08 772-546-7770