


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 044 ****61.25

DOCUMENT # 735203 1. Entity Name ISLES YACHT CLUB, INC.					
Principal Place of Business 1780 W MARION AVE PUNTA GORDA, FL 33950 US			Mailing Address 1780 W MARION AVE PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1673859	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMERICH, GUY S. 115 E. OLYMPIA AVENUE PUNTA GORDA, FL 33950			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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	D WINTON, ALBERTO J 1208 SAN MATEO DRIVE PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO Barber, Kenneth R. 2320 Bayview Rd. Punta Gorda, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARSMAN, RAY 1218 SAN MATEO PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frazee, Glenn 3600 Darin Dr. Punta Gorda, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDLES, DONNA 2119 WYATT CR PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kilmer, Richard H. 3607 Darin Dr. Punta Gorda, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDON, RICHARD 83 OCEAB DR PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adair, Mary Frances 2714 Deborah Dr. Punta Gorda, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO COTE, WILLIAM P 522 ELEUTHERA DR PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVINO THOMAS, JANET M 250 LIDO DR PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/11/08 Daytime Phone # 941 565 8578		

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