2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2007
Secretary of State

DOCUMENT# 739274

Entity Name: CIRCLE BAY YACHT AND SAILING CLUB, INC.

Current Principal Place of Business:

1950 PALM CITY RD.
ATTN:TREASUER
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1950 PALM CITY RD.
ATTN: TREASUER
STUART, FL 34994

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ATKINSON, PATRICIA
1950 SW PALM CITY RD
STUART, FL 34994 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:	C	( ) Delete
Name:	DESLAURIER, JEAN G	
Address:	1950 SW PALM CITY RD.	
City-St-Zip:	STUART, FL 34994	
Title:	VC	( ) Delete
Name:	FERRIS, LES	
Address:	1950 SW PALM CITY RD	
City-St-Zip:	STUART, FL 34994	
Title:	S	( ) Delete
Name:	ESSENBURG, SHERLY	
Address:	1950 SW PALM CITY RD.	
City-St-Zip:	STUART, FL 34994	
Title:	D	( ) Delete
Name:	SHROYER, JAN	
Address:	1950 SW PALM CITY RD.	
City-St-Zip:	STUART, FL 34994	
Title:	T	( ) Delete
Name:	ATKINSON, PATRICIA	
Address:	1950 SW PALM CITY RD -10-103	
City-St-Zip:	STUART, FL 34994	

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:	( ) 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: PATRICIA ATKINSON T 08/11/2007
Electronic Signature of Signing Officer or Director — Date