

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90049 002 \*\*\*\*61.25

<b>DOCUMENT # 747459</b>					
<b>1. Entity Name</b> YACHTSMAN'S COVE SUBDIVISION ASSOCIATION, INC.					
<b>Principal Place of Business</b> 21531 MADERA ROAD FT MYERS BCH, FL 33931 US			<b>Mailing Address</b> 5410 N FRANKLIN RD INDIANAPOLIS, IN 46226 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 21611 Madera Rd Suite, Apt. #, etc. Fort Myers Beach FL		<b>3. Mailing Address</b> Carrie Doine Suite, Apt. #, etc. 21611 Madera Rd. City & State Fort Myers Beach			
City & State 33931 USA		City & State Fort Myers Beach		<b>4. FEI Number</b> 65-0183557	
Zip 33931		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> JOHNSON, ROBERT 17671 SE 88TH COVINGTON ROYAL OAK VILLAGE THE VILLAGES, FL 32162			<b>7. Name and Address of New Registered Agent</b> Name <b>CARRIE DOINE</b> Street Address (P.O. Box Number is Not Acceptable) 21611 Madera Rd Fort Myers Beach City <b>FL</b> Zip Code <b>33931</b>		
<b>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.</b>					
SIGNATURE <u><i>Carrie Doine</i></u> DATE <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, DENNIS 21611 MADERA RD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT CARRIE DOINE 21611 Madera Rd. Fm Beach FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, TWEHUES 5025 COMPASS LANE FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change title to <b>(D)</b> From VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, ROBERT E 5410 N FRANKLIN RD INDIANAPOLIS, IN 46226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDA Beaman 21591 Madera Rd. FMB FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATER, JAMES 5031 WILLIAMS DR FORT MYERS BEACH, FL 33931	<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	D SAND, PATRICIA 5005 COMPASS LANE FORT MYERS BEACH, FL 33931	<input checked="" 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
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Carrie Doine</i></u>			Date <u>4/4/08</u> Daytime Phone # <u>239 463-3771</u>		