

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

DOCUMENT# 750423

Entity Name: WINDJAMMER YACHT CLUB, INC.

**Current Principal Place of Business:**

WINDJAMMER YACHT CLUB INC.  
1850 PALM CITY ROAD  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

WINDJAMMER YACHT CLUB INC.  
1850 PALM CITY ROAD  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 59-1960126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLIS, ROSE  
1868 SW PALM CITY RD, #205  
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: COM ( ) Delete  
Name: DICKSON, LARRY  
Address: 1864 SW PALM CITY RD, #204  
City-St-Zip: STUART, FL 34994

Title: VC ( ) Delete  
Name: MCGURK, LINC  
Address: 1860 SW PALM CITY RD, # 206  
City-St-Zip: STUART, FL 34994

Title: TR ( ) Delete  
Name: HOLLIS, ROSALIE  
Address: 1868 SW PALM CITY RD #205  
City-St-Zip: STUART, FL 34994

Title: SEC ( ) Delete  
Name: ROBERTS, ELAINE  
Address: 1856 SW PALM CITY RD 103  
City-St-Zip: STUART, FL 34994

Title: RC ( ) Delete  
Name: TIPTON, DAN  
Address: 1862 SW PALM CITY RD, # 206  
City-St-Zip: STUART, FL 34994

Title: COM ( ) Delete  
Name: DICKSON, LARRY  
Address: 1864 SW PALM CITY RD. #204  
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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSALIE HOLLIS

TR

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date