

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752525

FILED
Jan 07, 2008
Secretary of State

Entity Name: FORT PIERCE YACHT CLUB, INC.

Current Principal Place of Business:

700 INDIAN RIVER DR.
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3108
FORT PIERCE, FL 349483108

New Mailing Address:

FEI Number: 59-2005180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGE, GEORGE
185 55TH AVE SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

BOCCHICCHIO, ROBERT F COMMODO
1711 RIO VISTA DRIVE
FORT PIERCE, FL 34949 US

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: ROBERT F. BOCCHICCHIO

01/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEANE, JANE
Address: 1150 BAYSHORE DR.
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: TAMESAVIE, LOU
Address: 6469 NW OMEGA RD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: WILHELM, BOB
Address: 81 S. CATELINE CT.
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: BOUNDS, BOB
Address: 2498 SE MELON CT.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: GILMARTIN, KATHY
Address: 1630 SEAWAY DR. #207
City-St-Zip: FORT PIERCE, FL 34983

Title: D () Delete
Name: MORAN, TERI
Address: 1131 ADMIRAL WELK
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HAYEK, CHARLES
Address: 1630 SEAWAY DRIVE, APT 207
City-St-Zip: FORT PIERCE, FL 34949

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

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

Title: D (X) Change () Addition
Name: GHIOTTI, JOE
Address: 1542 THUMB POINT DRIVE
City-St-Zip: FORT PIERCE, FL 34949

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: JANE DEANE

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date