


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90109 001 ****61.25
 03-22-2004 90109 002 ****8.75

DOCUMENT # 756319
 1. Entity Name
NETTLES ISLAND YACHT CLUB, INC.



Principal Place of Business Mailing Address
NETTLES ISLAND **421 NETTLES BLVD.**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2243889** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOMBARDI, JOHN
421 NETTLES BLVD.
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 Name **Barlow, Ted**
 Street Address (P.O. Box Number is Not Acceptable)
624 Nettles Blvd.
 City **Jensen Beach** **FL** Zip Code **34957**

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 **TED BARLOW** **Ted Barlow** **3/17/04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDI, JOHN	
STREET ADDRESS	421 NETTLES BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BARLOW, TED	
STREET ADDRESS	624 NETTLES BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	MFC	<input checked="" type="checkbox"/> Delete
NAME	JANISH, DON	
STREET ADDRESS	1105 NETTLES IS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSEANN, MARINI	
STREET ADDRESS	584 NETTLES BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	SALVATO, DOLORES	
STREET ADDRESS	2088 NETTLES BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Commodore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Barlow	
STREET ADDRESS	624 Nettles Blvd	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Vice Commodore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Thompson	
STREET ADDRESS	1402 Nettles Blvd	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Fleet Captain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Sopher	
STREET ADDRESS	773 Nettles Blvd	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carla Gillette	
STREET ADDRESS	2063 Nettles Blvd	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valerie Finlay	
STREET ADDRESS	37 Nettles Blvd	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ted Barlow** **TED BARLOW** **3/17/04** **(866)306-1159**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #