

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90727 025 \*\*\*\*70.00

DOCUMENT # 756319

1. Entity Name

NETTLES ISLAND YACHT CLUB  
~~BBBBA~~



**DO NOT WRITE IN THIS SPACE**

70039526

2. Principal Place of Business

NETTLES ISLAND

3. Mailing Address

421 Nettles Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JENSEN BEACH, FL.

40 JOHN LOMBARDI

City & State

City & State

JENSEN BEACH FL

4. FEI Number

59-2243889

Applied For

Not Applicable

Zip

34957

Country ST.

FLORIDA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN LOMBARDI

Street Address (P.O. Box Number is Not Acceptable)

421 NETTLES BLVD

City

JENSEN BEACH

FL

Zip Code

34957

**DO NOT WRITE  
IN THIS SPACE**

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

*John J. Lombardi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	COMMODORE JOHN LOMBARDI	421 NETTLES BLVD	JENSEN BEACH FL 34957
VC	VICE COMMODORE TED BARLOW	624 NETTLES BLVD	JENSEN BEACH FL 34957
M	FLEET CAPTAIN DON JANISH	1105 NETTLES IS.	JENSEN BEACH FL 34957
S	SECRETARY ROSE ANNE MARINI	584 NETTLES BLVD	JENSEN BEACH FL 34957
T	TREASURER DOLORES SALVATO	2088 NETTLES BLVD	JENSEN BEACH FL 34957

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John J. Lombardi*

Attachment #

70039520  
756319

Enclosed please find a  
check for \$70.00

61.25 WBR

8.75 Certificate of Status

\$70.00