

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90035 028 \*\*\*\*61.25

|                            |                                                                                   |
|----------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 758968</b>   |  |
| 1. Entity Name             |                                                                                   |
| PLACIDA HARBOUR CLUB, INC. |                                                                                   |

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| Principal Place of Business                | Mailing Address                            |
| 11000 PLACIDA RD<br>PLACIDA FL 33946<br>US | 11000 PLACIDA RD<br>PLACIDA FL 33946<br>US |

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |



1st MOORE CR2E037 (10/06)

|                                                           |  |                                       |
|-----------------------------------------------------------|--|---------------------------------------|
| 4. FEI Number                                             |  | Applied For                           |
| 59-2389755                                                |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|                                                            |  |                                                    |          |
|------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent            |  | 7. Name and Address of New Registered Agent        |          |
| PLACIDA PROPERTIES<br>11000 PLACIDA RD<br>PLACIDA FL 33946 |  | Name                                               |          |
|                                                            |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                            |  | City                                               |          |
|                                                            |  | FL                                                 | Zip Code |

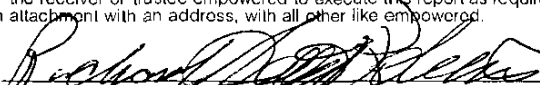
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                                                              |                                                                                                                     |                                                          |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                    |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VP<br>GAPINSKE, JOYCE<br>11000 PLACIDA RD 2103<br>PLACIDA FL 33946 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | SD<br>LuAnn Joys<br>11000 Placida Rd #902<br>Placida, FL 33946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>SHEETS, PHILIP<br>11000 PLACIDA ROAD, SUITE # 305<br>PLACIDA FL 33946 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | D<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | S<br>RICE, LINDA B<br>13130 PLACIDA POINTE CT<br>PLACIDA FL 33946 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | D<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SD<br>BUSKER, WALTER<br>11000 PLACIDA RD #604<br>PLACIDA FL 33946 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | PD<br>Richard Scott Roberts<br>13025 Via Aurelia<br>Placida, FL 33946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>JEANQUART, RICHARD<br>11000 PLACIDA ROAD, # 2101<br>PLACIDA FL 33946 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>SCRIBNER, PAUL<br>11000 PLACIDA RD<br>PLACIDA FL 33946 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  4/16/07 697.4500