2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767689

Apr 24, 2008 Secretary of State

Entity Name: SMYRNA YACHT CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1201 S. RIVERSIDE DR.

NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1560

NEW SMYRNA BEACH, FL 32170

FEI Number: 59-1159107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GILLESPIE, WILLIAM M 233 N CAUSEWAY

NEW SMYRNA BEACH, FL 32169 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:

·____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: () Change () Addition

 Name:
 CORNETT, PHIL
 Name:

 Address:
 27 LAKE FAIRGREEN CIRCLE
 Address:

 City-St-Zip:
 NEW SMYRNA BCH, FL 32168
 City-St-Zip:

Title: PD () Delete Title: D (X) Change () Addition

 Name:
 JARRETT, MICHAEL
 Name:
 JARRETT, MICHAEL

 Address:
 1648 TAYLOR ROAD
 Address:
 1648 TAYLOR ROAD

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

Title: SD () Delete Title: TD (X) Change () Addition

 Name:
 DRY, CHARLES
 Name:
 DRY, CHARLES

 Address:
 4965 S. ATLANTIC AVE
 Address:
 4965 S. ATLANTIC AVE

 City-St-Zip:
 NEW SMYRNA BCH, FL 32169
 City-St-Zip:
 NEW SMYRNA BCH, FL 32169

Title: VPD () Delete Title: PD (X) Change () Addition

 Name:
 IOPPOLO, FRÂNK S
 Name:
 IOPPOLO, FRÂNK S

 Address:
 9101 BAY POINT DRIVE
 Address:
 9101 BAY POINT DRIVE

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: TD () Delete Title: VPD (X) Change () Addition

Name: APPLETON, GÉRRY Name: APPLETON, GÉRRY
Address: 1216 COMMODORE DRIVE Address: 1216 COMMODORE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169

 Name:
 SHERMAN, STELLA F
 Name:
 HENDERSON, MARY J

 Address:
 P. O. BOX 1087
 Address:
 1016 S RIVERSIDE DR

City-St-Zip: EDGEWATER, FL 32132 City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: FRANK IOPPOLO PD 04/24/2008