2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K72995

FILED Jul 29, 2009 Secretary of State

20011		,00		Occircial y	Oi Otate	
Entity Nai	me: DOG ISLA	ND YACHT CLUB, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	K DRIVE, #400 SS, GA 30093	US				
Current Mailing Address:			New Maili	ng Address:		
	K DRIVE, #400 SS, GA 30093	US				
FEI Number:	: 58-1844462	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status	Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and	Address of New Registered Ag	ent:	
4269 MIDE	DALE, DICK DLEBROOK LAM D, FL 32812	NE US				
	named entity so e of Florida.	ubmits this statement for the	purpose of changing	ts registered office or registered a	gent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered A્	gent	Date		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AN	D DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () I LAUDERDALE, I 4269 MIDDLEBR ORLANDO, FL 3	OOK LN	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition ASBURY, TOM 4607 OAKSHIRE COURT TALLAHASSEE, FL 32309		
Title: Name: Address: City-St-Zip:	DV () HUNTSMAN, LAW UNIT 1 BLOCK 8 DOG ISLAND, FI	LOT 7	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition BELL, HARLEY P.O. BOX 2604 BLUE RIDGE, GA 30513		

City-St-Zip: DOG ISLAND, FL 32322

Title: DT () Delete Name: PRUITT, TRAVIS N 4317 PARK DRIVE, #400 Address: City-St-Zip: NORCROSS, GA 30093

Title: DS () Delete PEREZ, EFRAÍN Name: Address: 175 HWY 78 NW City-St-Zip: MONROE, GA 30655

Title: () Delete HANNON, MIKE Name: Address: PO BOX 5272

TALLAHASSEE, FL 32314 City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: DS (X) Change () Addition

BACKERMAN, SUSIE Name: HC 63 BOX 5006 D.I. Address: City-St-Zip: CARRABELLE, FL 32322

Title: (X) Change () Addition

HANNON, JULIE Name: Address: PO BOX 5272

TALLAHASSEE, FL 32314 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRAVIS PRUITT DT 07/29/2009