

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001226

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: BONEFISH & TARPON UNLIMITED, INC.

## Current Principal Place of Business:

24 DOCKSIDE LANE  
PMB 83  
KEY LARGO, FL 33037

## New Principal Place of Business:

## Current Mailing Address:

24 DOCKSIDE LANE  
PMB 83  
KEY LARGO, FL 33037

## New Mailing Address:

FEI Number: 65-0988321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIDSON, THOMAS N  
7 SUNRISE CAY DRIVE  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

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:

Title: CD ( ) Delete  
Name: DAVIDSON, THOMAS N  
Address: 7 SUNRISE CAY DRIVE  
City-St-Zip: KEY LARGO, FL 33037

Title: STD ( ) Delete  
Name: HARKAVY, JEFF S  
Address: 3101 N FEDERAL HWY 8TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: D (X) Delete  
Name: WINGROVE, PAUL  
Address: 428 S. COCONUT PALM BLVD  
City-St-Zip: TAVERNIER, FL 33070

Title: VC ( ) Delete  
Name: FISHER, RUSSELL  
Address: 50 CLUBHOUSE RD  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: APTE, STU  
Address: 133 PLANTATION DRIVE  
City-St-Zip: TAVERNIER, FL 33070

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: FISHER, RUSS  
Address: 50 CLUBHOUSE RD. #63  
City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS N. DAVIDSON

CB

02/27/2009

Electronic Signature of Signing Officer or Director

Date