

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-27-2008 90037 001 *****15.31
02-27-2008 90037 002 *****15.31
02-27-2008 90037 003 *****30.62
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005633

1. Entity Name
YACHT CLUB POINT HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
2 YACHT CLUB PLACE
JUPITER, FL 33469

Mailing Address
2 YACHT CLUB PLACE
JUPITER, FL 33469

DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-1112542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, PEDRO
2 YACHT CLUB PLACE
JUPITER, FL 33469

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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

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

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOMEZ, PEDRO F
2 YACHT CLUB PLACE
JUPITER, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHARBAUGH, EDGAR
4 YACHT CLUB PLACE
JUPITER, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MANTWILL, DAVID
6 YACHT CLUB PLACE
JUPITER, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

Pedro F. Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO F. GOMEZ 3/5/08

561-745-0606
Daytime Phone #