2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001548

Entity Name: OLD BRIDGE YACHT CLUB, INC.

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
14505 PLYMOUTH BEND OLD BRIDGE VILLAGE #49 N FORT MYERS, FL 33917				1776 NEW POST ROAD OLD BRIDGE VILLAGE NORTH FORT MYERS, FL 33917			
Current Mailing Address:				New Mailing Address:			
14505 PLYMOUTH BEND OLD BRIDGE VILLAGE #49 N FORT MYERS, FL 33917				5685 CAPTAIN JOHN SMITH LOOP OLD BRIDGE VILLAGE #143 NORTH FORT MYERS, FL 33917			
FEI Number: 80-0008391 FEI Number Applied For () FEI Num				ot Appli	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEWIS, KENNETH E 14505 PLYMOUTH BEND LOT 49 N FORT MYERS, FL 33917 US				HOWES, LESLEY R TREAS 5685 CAPTAIN JOHN SMITH LOOP LOT 143 NORTH FORT MYERS, FL 33917 US			
The above in the State		bmits this statement for the pur	rpose of chan	ging it	ts registered o	ffice or registered agent, or both,	
SIGNATURE: LESLEY R HOWES						02/21/2007	
	Electronic	Signature of Registered Agent	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D JOHNSON, HERB 805 ADAM DRIVE N FORT MYERS,	ERT :	Title: Name: Addres City-Sl	ss:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D DUNHAM, BOB 788 ADAM DRIVE N FORT MYERS,		Title: Name: Addres City-Sl	ss:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D STAUNTON, JAMI 564 SIR WALTER N FORT MYERS,	'S WAY	Title: Name: Addres City-Sl	ss:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D SEITZ, STEVE 201 MILES STAN N FORT MYERS,	DISH LANE	Title: Name: Addres City-St	ss:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () D DWYER, DEBBIE 763 MELLI LANE N FORT MYERS,		Title: Name: Addres City-Sl	ss:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () D LEWIS, KENNETH 14505 PLYMOUT N FORT MYERS.	H BEND	Title: Name: Addres City-Si	ss:	HOWES, LESL	JOHN SMITH LOOP	

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLEY R HOWES T 02/21/2007