

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90338 028 ****61.25

DOCUMENT # N03000008556

1. Entity Name

PORT ST. LUCIE YACHT CLUB, INC.



Principal Place of Business

500 E. PRIMA VISTA BLVD
PORT ST LUCIE FL 34983

Mailing Address

500 E. PRIMA VISTA BLVD
PORT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1312870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, CHRISTINE
133 SE FALLON DR
PORT ST LUCIE FL 34983

Name **MALISCHKA DUNLAP**

Street Address (P.O. Box Number is Not Acceptable)

~~727 SE Calmoso Drive~~

City

Port St. Lucie

FL

Zip Code

34983

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.

Malischka Dunlap

(NOTE: Registered Agent signature required when reinstating)

4-01-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME SCHWARTZ, SAUL COMM.
STREET ADDRESS 133 SE FALLON DR
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE Commodore ☒ Change ☐ Addition
NAME Robert Gordon
STREET ADDRESS 405 Gasparilla Avenue
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE D ☒ Delete
NAME GORDON, ROBERT V COMM
STREET ADDRESS 405 GASPARILLA AVE
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE Vice Commodore ☒ Change ☐ Addition
NAME John Rheay
STREET ADDRESS 454 SW Fairway Landings
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE DS ☒ Delete
NAME SCHWARTZ, CHRISTINE
STREET ADDRESS 133 SE FALLON DR
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE Secretary ☒ Change ☐ Addition
NAME Malischka Dunlap
STREET ADDRESS 727 SE Calmoso Drive
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE DT ☒ Delete
NAME JENNY, EILEEN
STREET ADDRESS 350 NE SOLIDA DR
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE Treasurer ☒ Change ☐ Addition
NAME Lila Trump
STREET ADDRESS 619 SE Calmoso Drive
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE D ☒ Delete
NAME DAVIS, JACK FL CAPT
STREET ADDRESS 7830 MEADOW LARK LN
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE Fleet Captain ☒ Change ☐ Addition
NAME Robert House
STREET ADDRESS 34983
CITY-ST-ZIP 685 SE Calmoso Dr., Pt. St. Lucie, FL

TITLE D ☒ Delete
NAME GORDON, ROBERT R COMM
STREET ADDRESS 405 GASPARILLA AVE
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE Rear Commodore ☒ Change ☐ Addition
NAME Barry Newell
STREET ADDRESS 223 Olive Avenue
CITY-ST-ZIP Port St. Lucie, FL 34952

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-04 772 878 3706