Apr 27 07 02:27p Sherry Warrell

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90841 012 ****61.25

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1. Entity Name
PORT ST. LUCIE YACHT CLUB, INC.

40093215

04272007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
500 EAST PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983	500 E. PRIMA VISTA BLVD PORT ST LUCIE, FL 34983

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. BOX 7731
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PORT ST. LUCIE FL.
Zip / Country	Zip: 34985 / Country: ST. LUCIE

4. FEI Number: 59-1312870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HABERMEHL, WAYNE 511 SW BANKS TERRACE PORT SAINT LUCIE, FL 34953	Name: GORDON A. PHAIL Street Address (P.O. Box Number Is Not Acceptable): 1967 N/W PALMETTO TER. City: STUART FL Zip Code: 34994

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: GORDON A. PHAIL Gordon A. Phail TREASURER APRIL 28 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2007	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C OSTRANDER, ELAINE 7961 HURNED LARK CIR PORT SAINT LUCIE, FL 34952	☐ Delete	C JERRY CERULLI 10209 CROSBY PL. PORT ST. LUCIE FL. 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC WOODLETT, WILLIAM 649 NE HORIZON LN PORT SAINT LUCIE, FL 34983	☐ Delete	VC JIM BABCOCK 657 N/W MARION AVE PORT ST. LUCIE FL. 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEDGECOCK, MARGARET L 2801 SE RAWLINGS RD PORT SAINT LUCIE, FL 34952	☐ Delete	T GORDON A. PHAIL 1967 N/W PALMETTO TER. STUART FL. 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HABERMEHL, WAYNE 511 SW BANKS TERRACE PORT SAINT LUCIE, FL 34953	☐ Delete	S THERESA CARLSEN 660 S/E GREEN WAY TER. PORT ST. LUCIE FL. 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FC HEDGECOCK, DAVID W 2801 SE RAWLINGS RD PORT SAINT LUCIE, FL 34952	☐ Delete	FC TOM SINAGRA 357 S/E VERADA AVE PORT ST. LUCIE FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RC SINAGRA, TOM 357 SE VERADA AVE PORT SAINT LUCIE, FL 34983	☐ Delete	RC DICK COSTELLO. 1567 S/E MALIM AVE PORT ST. LUCIE FL 34952	☒ Change ☐ Addition

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 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: GORDON A. PHAIL Gordon A. Phail APRIL 28 2007 772-692 0841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #