


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90412 011 ****61.25

DOCUMENT # N03000008556 1. Entity Name PORT ST. LUCIE YACHT CLUB, INC.					
Principal Place of Business 500 EAST PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983			Mailing Address P.O. BOX 7731 PORT SAINT LUCIE, FL 34985		
2. Principal Place of Business - No P.O. Box # 997 SW MACEDO BLVD.		3. Mailing Address Suite, Apt. #, etc. (F.O.P. BUILDING)			
City & State PORT ST. LUCIE		City & State PORT ST. LUCIE			
Zip 34983	Country USA	Zip 34983	Country USA	4. FEI Number 59-1312870	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PHAIL, GORDON A 1967 NW PALMETTO TERR STUART, FL 34994			7. Name and Address of New Registered Agent Name MELBA HALL Street Address (P.O. Box Number is Not Acceptable) 540 CANOE PARK CIRCLE PORT ST. LUCIE City 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 <u>Melba R. Hall</u> MELBA HALL, SECRETARY <u>4/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CEROLLI, JERRY 10209 CROSBY PL. PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COSTELLO, RICHARD 1567 SE MAXIM AVE. PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BABROCK, JIM 657 NW MARRION AVE PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FOISY, ELEANOR 2907 SE CATES CIRCLE PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHAIL, GORDON A 1967 NW PALMETTO TER STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEDGE COCK, MARGARET 2801 SE RAWLINGS RD PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLSEN, THERESA 560 SE GREEN WAY TER. PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, MELBA 540 CANOE PARK CIRCLE PORT ST. LUCIE, 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SINAGRA, TOM 357 SE VERADA AVE PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC (NONE)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC CASTELLO, DICK 1567 SE MARIM AVE PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC YAGER, BILL 5172 EVER RD. PORT ST LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Melba R. Hall</u> MELBA HALL <u>4/22/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					