


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 005 ****70.00

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| DOCUMENT # N03000009851 |  |
| 1. Entity Name CORTEZ YACHT CLUB, INC. | |

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| Principal Place of Business 6224 39TH AVE WEST BRADENTON, FL 34209 | Mailing Address P.O. BOX 252 CORTEZ, FL 34215 |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40126296



07182007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GODDARD, JAMES P 6108 36TH ST WEST BRADENTON, FL 34210 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| Filing Fee is \$61.25 Due by September 14, 2007 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMDR BUCKLEY, LON 3415 WILDOAK BAY #423 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMDR Robby Hengler 3720 116th St West Bradenton FL 34210 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCMD CROWLEY, KEN 1100 1ST AVE WEST C-17 BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCMD Joseph M. Goodwin P.O. Box 487 Palmetto FL 34220 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T YOUNG, ROBERT J P.O. BOX 183 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MONROE, MAUREEN 6466 SEACHILL DRIVE #319 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Susan Conte 17922 Yacht Club Place Cortez FL 34215 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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.

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| SIGNATURE: <u>Robert J. Young</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <u>7-18-2007</u> Date | <u>941-792-2416</u> Daytime Phone # |
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