

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 033 ****70.00

DOCUMENT # N03780

1. Entity Name
PORPOISE BAY BOAT CLUB, INC.



Principal Place of Business

LEWIS H CLARK
300 HARBOUR #510 #3058
VERO BEACH, FL 32963 US

Mailing Address

LEWIS H CLARK
300 HARBOUR #510 #3058
VERO BEACH, FL 32963 US



02082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-1208507

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUBENDORF, DONALD
300 HARBOUR DR 104A
VERO BEACH, FL 32962

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, LEWIS H
STREET ADDRESS	300 HARBOUR DR #510 #3058
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VPD
NAME	BUEBENDORF, DONALD MD
STREET ADDRESS	300 HARBOR DRIVE #104A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	DC
NAME	SNYDER, WILLIAM
STREET ADDRESS	300 HARBOUR DR #1048
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

772 234 6035