

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90085 020 \*\*\*\*61.25

DOCUMENT # N04000007170			
1. Entity Name YACHT CLUB OAKS HOA, INC			
Principal Place of Business 1007 ANNISTON CT FORT WALTON BEACH, FL 32548 US		Mailing Address POB 2195 <del>DESTIN, FL 32541</del> US FORT WALTON BEACH FL 32549	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address POB 2195	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT WALTON BEACH FL	
Zip		Zip 32549	
Country		Country OKALOOSA	
4. FEI Number 04-3820412		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, RICHARD J 1007 ANNISTON CT FORT WALTON BEACH, FL 32548		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Richard J Clark</i>		DATE: 2/2/2007	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL ANDERSON, RICHARD 1008 ANNISTON CT DESTIN, FL 32540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, RICHARD J 1007 ANNISTON CT FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP KIMRAN, DUKE</del> <input checked="" type="checkbox"/> Delete 789 ST VINCENT COVE MOBILE, FL 32576	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVERSOLE, STEPHANIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1022 ANNISTON CT FORT WALTON BEACH FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFER, JOHN 1003 ANNISTON CT FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPANARO, ALDO <input type="checkbox"/> Delete 230 SANDY CAY SANTA ROSA BCH, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANARO, ALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 SANDY CAY SANTA ROSA BEACH FL 32550
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"/> 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: <i>Richard J Clark</i>		DATE: 2/2/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	