

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010445

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ONE WATERMARK YACHT CLUB, INC.

## Current Principal Place of Business:

11631 KEW GARDENS AVE  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

11631 KEW GARDENS AVE  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

8409 NO. MILITARY TRL, STE 123  
C/O CHERRY, EDGAR & SMITH, PA  
PALM BEACH GARDENS, FL 33410

FEI Number: 20-2177602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASTINGS, VIVIEN  
24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

HASTINGS, VIVIEN  
24301 WALDEN CENTER DR, STE 300  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: ANGELO, PAUL  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DP ( ) Delete  
Name: WILSON, STEVE  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST ( ) Delete  
Name: ANDRELOS, DEBRA  
Address: 24301 WALDEN CENTER DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WILSON, STEVE  
Address: 24301 WALDEN CENTER DR, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP (X) Change ( ) Addition  
Name: PATRIZIO, MICHAEL  
Address: 24301 WALDEN CENTER DR, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST (X) Change ( ) Addition  
Name: SCHUMAKER, JAMES  
Address: 24301 WALDEN CENTER DR, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE WILSON

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date