


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

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000001621  
 1. Entity Name  
 GRAND VIEW PALACE YACHT CLUB, INC.



|  |  |
|--|--|
| Principal Place of Business<br>7601 E. TREASURE DRIVE<br>SUITE 1701<br>NORTH BAY VILLAGE, FL 33141 | Mailing Address<br>7601 E. TREASURE DRIVE<br>SUITE 1701<br>NORTH BAY VILLAGE, FL 33141 |
|--|--|



01192007 No Chg-NP CR2E037 (4/06)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-4398927 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent  
 EDWARDS, JAMES  
 7601 E. TREASURE DRIVE  
 SUITE 1709  
 NORTH BAY VILLAGE, FL 33141

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EDWARDS, JAMES<br>7601 E. TREASURE DRIVE #1709<br>NORTH BAY VILLAGE, FL 33141       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>EDWARDS, CHARLES C<br>7601 E. TREASURE DRIVE #PH 107<br>NORTH BAY VILLAGE, FL 33141 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 03/01/07-80030-001 61.25

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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: James Edwards 2/16/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #