


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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

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



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 20-4398927 | 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 EDWARDS, JAMES 7601 E. TREASURE DRIVE SUITE 1709 NORTH BAY VILLAGE, FL 33141 | 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 <i>James Edwards</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE 1/9/08 |
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 01/16/08-80031-013 61.25 | |

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EDWARDS, JAMES 7601 E. TREASURE DRIVE #1709 NORTH BAY VILLAGE, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD EDWARDS, CHARLES C 7601 E. TREASURE DRIVE #PH 107 NORTH BAY VILLAGE, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 like empowered. | |
| SIGNATURE: <i>James Edwards</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: 1/9/08 Daytime Phone #: 786-301-8006 |