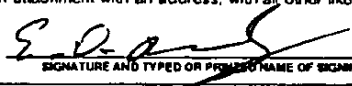


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AP)

5/21/2007-90051-039-\$61.25-\$61.25

DOCUMENT # N05000007939 1. Entity Name MATLACHA YACHT CLUB, INC.						FILED 07 JUN 28 AM 11:49 DEPT. OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4330 PINE ISLAND ROAD MATLACHA FL 33993 US				Mailing Address P.O. BOX 7 MATLACHA FL 33993			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number AP-PLIED FOR						Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANDY, EMMETT 4250 PINE ISLAND ROAD MATLACHA FL 33993				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE:							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. ☐		\$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-STATE-ZIP	P,D ☐ Delete BANDY, EMMETT 4250 PINE ISLAND ROAD MATLACHA FL 33993			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition <i>\$76/28</i>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date Daytime Phone #							