
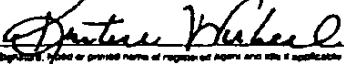
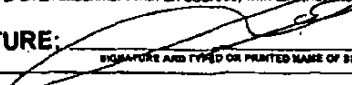


FILED
Jul 13, 2007 8:00 am
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

4/3

04-30-2007 90423 032 ****61.25

DOCUMENT # N06000005370			
1. Entity Name THE LANDINGS AT THE YACHT CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 942 N COLLIER BLVD MARCO ISLAND, FL 34145		Mailing Address 942 N COLLIER BLVD MARCO ISLAND, FL 34145	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 380758	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MURDOCK, FL	
Zip	Country	Zip	Country
33938	US	33938	US
4. FEI Number 26-0358932		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 WISEMAN, TAMELA E 300 FIFTH AVE S STE 221 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name: Centaway Management Street Address (P.O. Box Number is Not Acceptable): 1532 Rio De Janeiro Blvd City: Punta Gorda FL Zip: 33983	
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:  DATE: 4/24/07			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	JOE BOFF PDT <input type="checkbox"/> Delete PO BOX 380758 MURDOCK, FL 33938	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: 		Date: _____ Deceased: _____	

ATTACHMENT

66020363
N06000605370



To: Linda

From: Kristine Wishard – (941) 629-8190 office / kwgateway@daystar.net

Date: June 12, 2007

RE: Landings at the Yacht Club

Please go ahead and apply for the Tax ID for this association. Terri confirmed that she has not done this yet or has the attorney.

Thank you.

20-0358932

[Handwritten signature]

66020363
N06000005370

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 26-0358932 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested THE LANDINGS AT THE YACHT CLUB CONDOMINIUM ASSN INC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) PO BOX 380758			5a Street address (if different) (Do not enter a P.O. box) 1532 RIO DEJANEIRO		
4b* City, state, and ZIP code MURDOCK FL 33938 - 0758			5b City, state, and ZIP code PUNTA GORDA FL 33983 -		
6* County and state where principal business is located County CHARLOTTE State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustee JOSEPH BOFF			7b* SSN, ITIN, EIN 336-70-2858		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120H <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ NEW CONDO ASSN <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) MAY 15 2006			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" ▶				Agriculture	Household
14* Check box that best describes the principal activity of your business				Health care & social assistance	Wholesale-agent/broker
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) CONDO ASSN				<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. CONDO ASSN					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ SNUG HARBOR VILLAS MASTER ASSN Trade name ▶					
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) MAY 14 2004 City and state where filed CHARLOTTE HARBOR FL Previous EIN 20 - 1121770					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name KRISTINE WISHARD Address and ZIP code PO BOX 380758 MURDOCK FL 33983 -		Designee's telephone number (include area code) (941) 629 - 8190 Designee's fax number (include area code) (941) 629 - 0987	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ JOSEPH BOFF Signature ▶ Not Required Date ▶ June 15, 2007 GMT				Applicant's telephone number (include area code) (941) 629 - 8190 Applicant's fax number (include area code) (941) 629 - 0987	