


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90155 008 \*\*\*\*61.25

<b>DOCUMENT # N06000009372</b> 1. Entity Name <b>PROPELLER CLUB OF THE UNITED STATES PORT OF PORT MANATEE, INC.</b>					
Principal Place of Business <b>600 TAMPA BAY WAY PALMETTO, FL 34221</b>			Mailing Address <b>P.O. BOX 7300 SUN CITY, FL 33586-7300</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHUSTA, TIMOTHY P 100 SOUTH ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"><b>FL</b></div> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHEFFIELD, EDWARD</b>		NAME	<b>Porges, Greg</b>	
STREET ADDRESS	<b>764 KINGSTON CT.</b>		STREET ADDRESS	<b>1205 Manatee Ave. W.</b>	
CITY-ST-ZIP	<b>APOLLO BEACH, FL 33572</b>		CITY-ST-ZIP	<b>Bradenton, FL 34205</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TYNDAL, STEVE</b>		NAME	<b>Stufflebeam, Denise</b>	
STREET ADDRESS	<b>300 REGAL CRUISE WAY, SUITE 1</b>		STREET ADDRESS	<b>300 Tampa Bay</b>	
CITY-ST-ZIP	<b>PALMETTO, FL 342216608</b>		CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR, AL</b>		NAME	<b>Ann Layton</b>	
STREET ADDRESS	<b>1905 INTERMODAL CIRCLE, SUITE 310</b>		STREET ADDRESS	<b>600 Tampa Bay Way</b>	
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>		CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORE, MELANIE</b>		NAME	<b>Norman Atkins</b>	
STREET ADDRESS	<b>13252 EASTERN AVE.</b>		STREET ADDRESS	<b>908 S. 20<sup>th</sup> St.</b>	
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>		CITY-ST-ZIP	<b>Tampa, FL 33605</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOERR, JOHN</b>		NAME	<b>Jay Brenchick</b>	
STREET ADDRESS	<b>804 N. DOCK ST.</b>		STREET ADDRESS	<b>PO Box 310</b>	
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>		CITY-ST-ZIP	<b>Bradenton, FL 34210</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONDOR, STACY</b>		NAME	<b>Luis Soto</b>	
STREET ADDRESS	<b>1905 INTERNATIONAL CIRCLE, SUITE 210</b>		STREET ADDRESS	<b>13231 Eastern Ave.</b>	
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>		CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
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 an other like empowered.					
<b>SIGNATURE:</b> <i>STEVE TYNDAL</i>			741-722-6621 4-9-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		