2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90019 026 ****61.25

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03282007 Chg-NP CR2E037 (12/06)

DOCUMENT # N16431

1. Entity Name
SMOKEHOUSE BAY CLUB, INC.

Principal Place of Business
P.O. BOX 1378
MARCO ISLAND, FL 33969

Mailing Address
P.O. BOX 1378
MARCO ISLAND, FL 33969

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-2705914 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JAMIE GRUESEL
1104 N COLLIER BLVD
MARCO ISLAND, FL 33937

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 reinstating) DATE

Filing 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 ✓ SD NAME SIEBERT, TERRY STREET ADDRESS 5116 CAROL CT CITY-ST-ZIP ROCKFORD, IL 61108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ✓ TD NAME BEACH, THOMAS STREET ADDRESS 641 W ELKCOM CIRCLE #711 CITY-ST-ZIP MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME DELRINO, MICHAEL STREET ADDRESS 711 W ELKCAM CIRCLE, # 126 CITY-ST-ZIP MARCO ISLAND, FL 34145	☒ Delete	TITLE D NAME Mazzotta, Anthony STREET ADDRESS 376 Poe Dr. CITY-ST-ZIP Pittsburgh, PA 15235	☐ Change ☒ Addition
TITLE ✓ PD NAME DICTRICH, RUDY STREET ADDRESS 682 W ELKCAM CT, #1324 CITY-ST-ZIP MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME Dieterich, Rudy STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE ✓ VD NAME SUTPHEN, STANLEY STREET ADDRESS 651 W ELKCAM CIR #822 CITY-ST-ZIP MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Thomas C Beach, Thomas Beach Treasurer 4/6/07 239-642-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #