2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 08, 2005 8:00 am Secretary of State **DOCUMENT # N23099** 04-08-2005 90078 023 ****61.25 1. Entity Name PASADENA YACHT CLUB, INC. Principal Place of Business Mailing Address 6300 PASADENA POINT BLVD. 6300 PASADENA POINT BLVD. GULFPORT, FL 33707 GULFPORT, FL 33707 Mailing Address 2. Principal Place of Business 530161 Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Cha-NP CR2E037 (10/03) FEI Number 59-2856036 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, DALE A Street Address (P.O. Box Number is Not Acceptable) 6300 PASADENA POINT BLVD. **GULFPORT, FL 33707** 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 rematating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. П Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 . OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change DV ☐ Defete TITLE TITLE JAKIEL JAKE NAME MAME STREET ADDRESS 2836 SKIMMER POINT DR. STREET ADDRESS CITY-ST-ZIP COY-ST-ZP GULFPORT, FL 33707 Change ☐ Delete D ☐ Addition TITLE WARMACK, RALPH NAME NAME 6317 PASADENA POINT BLVD. STREET ADDRESS STREET ADDRESS GULFPORT, FL 33707 CITY-ST-ZIP CITY-ST-ZP ☐ Change — ☐ Addition SD TILE ☐ Deleté TITLE TERRY, MARILY NAME NAME STREET ADDRESS STREET ADORESS 6330 4TH PALM POINT SAINT PETERSBURG BEACH, FL 33706 CTTY-ST-ZIP CITY-ST-7IP PD Change ☐ Addition Oetete TITLE TTLE VD LIETZKE, JEAN NAME NAME STREET ADDRESS 10220 TARPON DRIVE STREET ADORESS TREASURE ISLAND, FL 33706 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TD TITLE MURRAY, DONALD NAME NAME STREET ADDRESS 6240 KIPPS COLONY COURT, #104 STREET ADDRESS tur Livrania GULF PORT, FL 33707 CITY-ST-ZIP CITY-ST-7IP Defete TITLE TITLE NAME MALIN, L.A. NAME 5917 SKIMMER POINT BLVD. S. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P GULFPORT, FL 33707 フロフ 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 advises, with all other like empowered.

AND TYPE OR PRINTED HAME OF SIGNOW OFFICER OR DIRECTOR

FILED

4-4-05 227-341-0774