

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90151 024 ****61.25

DOCUMENT # N23099

1. Entity Name

PASADENA YACHT CLUB, INC.



Principal Place of Business

**6300 PASADENA POINT BLVD.
GULFPORT FL 33707**

Mailing Address

**PO BOX 530161
SAINT PETERSBURG FL 33747-0161**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2856036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, DALE A
6300 PASADENA POINT BLVD.
GULFPORT FL 33707**

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

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☒ Delete
NAME **BOHNER, TRUDY**
STREET ADDRESS **6013 KIPPS COLONY DRIVE E**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **D** ☒ Delete
NAME **JOHNSON, DALE**
STREET ADDRESS **6229 FAIRWAY-BAY.BLVDS.**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **SD** ☒ Delete
NAME **NARANJO, NINA**
STREET ADDRESS **6321 PASADENA POINT BLVD S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **PD** ☐ Delete
NAME **MALIN, TOM**
STREET ADDRESS **5917 SKIMMER POINT BLVD. S.**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **TD** ☒ Delete
NAME **MANLEY, JAN**
STREET ADDRESS **6240 KIPPS COLONY COURT #103**
CITY-ST-ZIP **GULF PORT FL 33707**

TITLE **VPD** ☐ Delete
NAME **MALIN, L.A.**
STREET ADDRESS **5917 SKIMMER POINT BLVD. S.**
CITY-ST-ZIP **GULFPORT FL 33707**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/V** ☐ Change ☒ Addition
NAME **JAKIEL, JAKE**
STREET ADDRESS **2836 SKIMMER POINT DRIVE**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D** ☐ Change ☒ Addition
NAME **WARMACK, RALPH**
STREET ADDRESS **6317 PASADENA POINT BLVD.**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **S/D** ☐ Change ☒ Addition
NAME **PLONSKY, SALLY**
STREET ADDRESS **2805 SKIMMER POINT DRIVE S.**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☐ Change ☒ Addition
NAME **MURRAY, DONALD**
STREET ADDRESS **6240 KIPPS COLONY COURT, #104**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 address, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 9 2003 **345-4492**

CR2E037 (10/02)