

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90024 030 ****61.25

DOCUMENT # N31016

1. Entity Name

ST. CHARLES YACHT CLUB, INC.



Principal Place of Business

15900 ST. CHARLES HARBOUR BLVD.
FORT MYERS FL 33908

Mailing Address

15900 ST. CHARLES HARBOUR BLVD.
FORT MYERS FL 33908



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

1st MOORE

CR2E037 (10/07)

4. FEI Number
65-0104991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSOER, GEORGE L JR, PA
1625 HENDRY ST
FORT MYERS FL 33901

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
Due By May 1, 2008

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	VPD	<input type="checkbox"/> Delete
NAME	KEN, NIRENBERG	
STREET ADDRESS	15981 NELSONS COURT	
CITY-STATE-ZIP	FORT MYERS FL 33908	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOGERHEIDE, LOIS	
STREET ADDRESS	6107 FAIRWAY COURT	
CITY-STATE-ZIP	NAPLES FL 34110	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAY, GEORGE	
STREET ADDRESS	15551 CATALPA COVE DR	
CITY-STATE-ZIP	FT MYERS FL 33908	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ABBOTT, STEVE	
STREET ADDRESS	5391 SHEARWATER DRIVE	
CITY-STATE-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEAL, MICHAEL	
STREET ADDRESS	15841 TURNBRIDGE CT	
CITY-STATE-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Nirenberg	
STREET ADDRESS	15981 Nelsons Court	
CITY-STATE-ZIP	Fort Myers, FL 33908	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Wright	
STREET ADDRESS	15830 Dorset Lane	
CITY-STATE-ZIP	Fort Myers, FL 33908	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Marino	
STREET ADDRESS	13951 Blenheim Trail Dr.	
CITY-STATE-ZIP	Fort Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kenneth Nirenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 239-481-0250