


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90026 015 ****61.25

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DOCUMENT # N41270			
1. Entity Name GRASSY POINT YACHT CLUB, INC.			
Principal Place of Business 6025 TAYLOR RD, # 2 PUNTA GORDA, FL 33950		Mailing Address P.O. BOX 511025 PUNTA GORDA, FL 33951	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>6025 Taylor Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 2</i>	
City & State		City & State <i>Punta Gorda, FL</i>	
Zip	Country	Zip	Country
<i>33950</i>		<i>33950</i>	<i>USA</i>
4. FEI Number 65-0244351		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STAR HOSPITALITY MANAGEMENT 6025 TAYLOR ROAD #2 PUNTA GORDA, FL 33950		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 <i>Sherry Daniels</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CLOVER, ROBERT	TITLE	Vice President
NAME		NAME	Michael Landsberg
STREET ADDRESS	5000 MARINA DR	STREET ADDRESS	21400 Harborside Blvd
CITY-ST-ZIP	PUNTA GORDA, FL 33952	CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	D TISCO, ALBERT	TITLE	Director
NAME		NAME	Bucky McQueen
STREET ADDRESS	21370 HARBORSIDE BLVD # 63	STREET ADDRESS	4430 Grassy Pt Blvd
CITY-ST-ZIP	PUNTA GORDA, FL 33951	CITY-ST-ZIP	Punta Gorda, FL 33951
TITLE	TS LLEWELLYN, DEBBIE	TITLE	
NAME		NAME	
STREET ADDRESS	4440 GRASSY POINT BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 <i>Sherry Daniels</i>		Date <i>3/14/07</i> Daytime Phone # <i>941-766-1798</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	