## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41270

FILED Feb 19, 2009 Secretary of State

Entity Name: GRASSY POINT YACHT CLUB INC

| Current Principal Place of Business:        |   | New Principal Place of Business:   |
|---|---|--|
|   | LOR RD, #2<br>ORDA, FL 33950  | GRASSY POINT BLVD<br>PORT CHARLOTTE, FL 33952                                |
| Current Mailing Address:                    |   | New Mailing Address:   |
| 6025 TAYLOR RD                              |   | 26530 MALLARD WAY  |
| # 2<br>PUNTA G(                             | ORDA, FL 33950 US   | PUNTA GORDA, FL 33950 US   |
| FEI Number:                                 | : 65-0244351 FEI Number Applied For ( )   | FEI Number Not Applicable ( ) Certificate of Status Desired ( )              |
| Name and                                    | Address of Current Registered Agent:  | Name and Address of New Registered Agent:                                    |
| 6025 TAYL                                   | SPITALITY MANAGEMENT<br>LOR ROAD #2<br>ORDA, FL 33950 US                                | STAR HOSPITALITY MANAGEMENT<br>26530 MALLARD WAY<br>PUNTA GORDA, FL 33950 US |
| The above<br>n the State                    | named entity submits this statement for the e of Florida.                               | purpose of changing its registered office or registered agent, or both,      |
| SIGNATURE:                                  |   | 02/19/2009   |
|   | Electronic Signature of Registered A  | gent Date  |
| OFFICER                                     | S AND DIRECTORS:  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                                  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P () Delete<br>CLOVER, ROBERT<br>5000 MARINA DR<br>PUNTA GORDA, FL 33952                | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:                   |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip: | D ( ) Delete<br>WAZNY, DENISE<br>21281 YACHT BASIN CT<br>PORT CHARLOTTE, FL 33952       | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:                   |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip: | TS () Delete<br>LLEWELLYN, DEBBIE<br>4440 GRASSY POINT BLVD<br>PORT CHARLOTTE, FL 33952 | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VP ( ) Delete<br>LANDSBERG, MICHAEL<br>21400 HABORSIDE BLVD<br>PORT CHARLOTTE, FL 33952 | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:                   |
|   |   |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. CLOVER P 02/19/2009