2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State
02-22-2007 90025 034 ****61.25

DOCUMENT # N50018

1. Entity Name

HUDSON BEACH YACHT CLUB INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 6152 HUDSON FL 34674	POST OFFICE BOX 6152 HUDSON FL 34674 US

1st MOORE CR2E037 (10/06)

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

4. FEI Number 59-3155136 ☐ 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
ERMEL, VINCENTR 10614 KITTEN TRAIL HUDSON FL 34669	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C COLSON, GUY 6534 DRIFTWOOD DR HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DON HIMES 2778 Wildwood Drive Clearwater, Florida 33761 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRYOR, KAREN 13227 LISA DR HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARY DelMAR 13914 Raie Ave Hudson, Florida 34667 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAUX, EUGENE 13913 HELEN AVE HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMOZIK, FRANK 4733 WHITE TAIL LANE NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSGROVE, ROBIN 13913 BARNARD AVE HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Zimmer 14529 Peace Blvd Spring Hill, Florida 34610 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KNOWLES, MARY 7639 GREYSTONE DR BAYONET PT FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary M. Knowles - MARY M. KNOWLES 3-6-07 727-862-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #