

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

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 037 ****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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-3155136** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ERMEL, VINCENTR
10614 KITTEN TRAIL
HUDSON FL 34669
- Deceased - 2007

7. Name and Address of New Registered Agent
 Name **Guy E. COLSON**
 Street Address (P.O. Box Number is Not Acceptable) **6534 DRIFTWOOD DR.**
 City **HUDSON** FL **34667**

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 *Guy E. Colson* DATE *2-5-2008*

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 C NAME HINES, DON STREET ADDRESS 2772 WILDWOOD DR. CITY-ST-ZIP CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE S NAME DELMAR, MARY STREET ADDRESS 13914 RAIE AVE. CITY-ST-ZIP HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE D NAME MICHAUX, EUGENE STREET ADDRESS 13913 HELEN AVE CITY-ST-ZIP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete
TITLE D NAME LOMOZIK, FRANK STREET ADDRESS 4733 WHITE TAIL LANE CITY-ST-ZIP NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE D NAME ZIMMER, DAVID STREET ADDRESS 14529 PEACE BLVD. CITY-ST-ZIP SPRING HILL FL 34610	<input type="checkbox"/> Delete
TITLE T NAME KNOWLES, MARY STREET ADDRESS 7639 GREYSTONE DR CITY-ST-ZIP BAYONET PT FL 34667	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C NAME MICHAUX, Eugene STREET ADDRESS 13913 Helen Ave CITY-ST-ZIP Hudson, Florida 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Kendrick, Paul STREET ADDRESS 11640 Constance Drive CITY-ST-ZIP Port Richey, Florida 34668	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Ralph Ray STREET ADDRESS 13036 Cabin Court CITY-ST-ZIP Hudson, Florida 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 2/7/2008 797-869-8289*