


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90091 014 \*\*\*\*61.25

DOCUMENT # N93000000575  
 1. Entity Name  
**OSTEGO BAY YACHT CLUB ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 27800 OLD 41 ROAD                      27800 OLD 41 ROAD  
 BONITA SPRINGS, FL 34135 US      BONITA SPRINGS, FL 34135 US

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

4011210



02132007      Chg-NP      CR2E037 (12/08)

4. FEI Number  
 22-3223462      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JOHN, O'GORMAN**  
 27800 OLD 41 ROAD  
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent  
 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]*      DATE 4/28/07

Filing 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		
TITLE P	KERSEY, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	271-4 LENELL RD	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	
TITLE ST	PEARCE, LAWRENCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	372 LENELL RD	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	
TITLE VP	MILLER, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	300 LENELL RD	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	LARRY SCHRAMM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6200 SOUTH JACKSON RD	
CITY-ST-ZIP	JACKSON MI 49201	
TITLE VP	JIM HILLON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	177 PINE ACRES RD N	
CITY-ST-ZIP	P.O. Box 507 OLD FORGE NY 13420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE ST	LYNN WOLGAST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4885 TOWN CENTER RD #203	
CITY-ST-ZIP	SAGINAW MI 48604	
TITLE D	JOEL PETERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	300 MILL RD	
CITY-ST-ZIP	FALMOUTH MA 02540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*      DATE 4/28/07      DAYTIME PHONE # 239 947 4552