

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000575

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: OSTEGO BAY YACHT CLUB ASSOCIATION, INC.

**Current Principal Place of Business:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 22-3223462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, ALDEN K  
27180 BAY LANDING DR, STE 4  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

STERLING PROPERTY SERVICES  
27180 BAY LANDING DR, STE 4  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: JOHN O'GORMAN

03/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHRAMM, LARRY  
Address: 6200 S. JACKSON RD  
City-St-Zip: JACKSON, MI 49201

Title: V (X) Delete  
Name: HERRON, JIM  
Address: 177 PINE ACRES RD N, BOX 507  
City-St-Zip: OLD FORGE, NY 13420

Title: VP ( ) Delete  
Name: MILLER, ROBERT  
Address: 300 LENELL RD  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ST ( ) Delete  
Name: WOLGAST, LYNN  
Address: 4335 TOWN CENTER RD #203  
City-St-Zip: SAGINAW, MI 48604

Title: D (X) Delete  
Name: PETERSON, JOEL  
Address: 300 MILL RD  
City-St-Zip: FALMOUTH, MA 02540

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SCHRAMM, LARRY  
Address: 352 LENELL ROAD  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: MILLER, ROBERT  
Address: 300 LENELL RD  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DV (X) Change ( ) Addition  
Name: WOLGAST, LYNN  
Address: 4335 TOWN CENTER RD #203  
City-St-Zip: SAGINAW, MI 48604

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: LARRY SCHRAMM

DP

03/16/2009

Electronic Signature of Signing Officer or Director

Date