2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N94000002422

Entity Name: BAY PORT YACHT CLUB, INC.

Current Principal Place of Business:

5312 E LONGBOAT BLVD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

5312 E LONGBOAT BLVD
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-2881554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOTTOMS, CHARLIE
5312 E LONGBOAT BLVD
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	BOTTOMS, CHARLIE	
Address:	5312 E LONGBOAT BLVD	
City-St-Zip:	TAMPA, FL 33615	
Title:	TD	( ) Delete
Name:	CAHILL, CRAIG	
Address:	5811 CRUISER WAY	
City-St-Zip:	TAMPA, FL 33615	
Title:	SD	( ) Delete
Name:	GOLBY, MARTHA	
Address:	5803 CRUISER WAY	
City-St-Zip:	TAMPA, FL 33615	
Title:	VCD	( ) Delete
Name:	BOTTOMS, CHARLES	
Address:	5312 E LONGBOAT BLVD	
City-St-Zip:	TAMPA, FL 33615	
Title:	RCD	( ) Delete
Name:	WITHERINGTON, TY	
Address:	4817 LONGBOAT WAY	
City-St-Zip:	TAMPA, FL 33615	
Title:	VCD	( ) Delete
Name:	MASON, REGGIE	
Address:	5813 CRUISER WAY	
City-St-Zip:	TAMPA, FL 33615	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TY WITHERINGTON RCD 03/20/2009

Electronic Signature of Signing Officer or Director — Date