2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-15-2008 90013 021 ****78.75

DOCUMENT # N95000003322

Principal Place of Business

1301 SOUTH OCEAN BLVD.

SANTA BARBARA RESORT AND YACHT CLUB OWNERS ASSOCIATION, INC.



POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062

Mailing Address

1301 SOUTH OCEAN BLVD.

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2. Principal P	tace of Busin	ness - No P.O. Box #	3. Mail	ing Address								
				Suite, Apt. #, etc. City & State			04022008	04022008 Chg-NP CR2E037 (12/06)				
								4. FEI Number 65-0636421			oplied For ot Applicable	
Zip Country Zi				p Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				ditional	
	6. Name	and Address of Current	Registere	ed Agent		7. Name and Address of New Registered Agent						
COPPOR	TION'SE	DVICE COBBODAT	ĬŌN			Name				-		
CORPORATION SERVICE CORPORATION 1201 HAYES STREET TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Cod	е	
	tions of regist	y submits this statement for lered agent. For printed name of registered agent			-		gistered agent, or both	n, in the State of Fi	DATE	tamiliar with.	and accept	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DI	RECTORS		11.			NGES TO OFFICE	ERS AND D	RECTORS IN	l 10	
TITLE NAME	PD BREMER	, DAVID		☑ Delete	TITLE NAM	I .	P Lew Gordo	n		▼ Change	☐ Addition	
S <i>TREET</i> ADDRESS CITY-ST-ZIP	2601 PAL POMPAN		STREET ADDRESS CITY-ST-ZIP		8427 South ParkCCtrcle, Ste 500 Orlando, FL 32819							
TITLE	VPD			☑ Delete	TITLE	:	VP	<u> FI 3/019</u>		Change	Addition	
NAME STREET ADDRESS	DINGLE, RICK s 1110 SOUTH OLEAN BLVD.			MAN Pat 2		E ET ADDRESS	Rick Duns	Rick Dunstan				
CITY-ST-ZIP						-ST-ZIP	8427 South Park Cir, Orlando, FL 328					
TITLE	ST			☑ Delete	TITLE		ST			Change	Addition	
NAME STREET ADDRESS	WALTER:	S, DAN JTH PARK CIRCLE, SI	TE.500		NAM Stre	E Et address	Jeff Muss	elman				
CITY-ST-ZIP	2	O, FL 32819				-ST-ZIP	8427 Sout		rcle.	Ste 50	ĩo ~	
TITLE				☐ Delete	TITLE		ORlando,		-	☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM	E Et address						
CITY-ST-ZIP						-ST-ZIP						
TITLE	1			☐ Delete	TITLE	1				☐ Change	■ Addition	
NAME STREET ADDRESS					NAM	E Et address						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLE	- 1				☐ Change	☐ Addition	
NAME]				NAM	E ADDRECE						

12. Thereby 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 attagment with an address, with all either like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

954-943-6280

Daytime Phone #