2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000004632

1. Entity Name

SIGNATURE:(

ANDALUCIA YACHT CLUB, INC.



FILED Feb 07, 2007 08:00 Al Secretary of State

| | | | | | | | | | | |
|---|---|--|---------------------------|--|----------------------------------|---|---------------------------------------|-----------------------------------|-------------|--|
| Rrincipal Place of Businoss | | Mailing Address | | | | | | | | |
| 6380 MARBELLA BOÜLEVARD APOLLO BEACH FL 33570 | | PO BOX 3271 APOLLO BEACH FL 33572 | | | | | | | | |
| 2. Principal Placo of Business - No P.O. Box # | | 3. Mailing Addross | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, otc. | | | 1st MOORE CR2E037 (10/06) | | | | | |
| City & State | | City & State | | | 4. FEI Number | 65-062198 | 32 | <u> </u> | oplied For | |
| Žip | Country | Zip | Cour | ntry | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | stered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| | | <u> </u> | Namo | | | | | | | |
| MCPHILLIPS, EARL G 6212 MAR BELLA BLVD APOLLO BEACH FL 33572 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | | |
| | | | | City | | | FL | Zip Cod | 0 | |
| 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, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstains) DATE | | | | | | | | | | |
| | 7 | and little if applicable. (NOT) | E: Hegistered | Agent signature require | d when reinstaling) | | DATE | | | |
| | FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | Flori | ake Check ida Departn | | State | |
| 10. | OFFICERS AND DIF | OF CTOPS | 11. | | ADDITIONS/CHANG | | DO AND DIDE | CTODS IN | 10 | |
| TITLL | D OF TICERS AND DIF | Delete | THEF | | ADDITIONS, CHANG | E3 TO OFFICE | | Change | Addition | |
| NAME | KOHUT, ALBERT | | NAME | | | Honn | | | L Addition | |
| STREET ADDRESS | 1335 JUMANA LOOP | | T T | I ADDRESS | U00000626342 | | | :1 25 | | |
| CITY-SI-71P | APOLLO BEACH FL 33572 | | CITY-ST-ZIP | | | | | 000 0 | ' <u></u> ' | |
| THEF | PD | ☐ Delele | Deleie 1IILE | | | | | Change | Addition | |
| NAME | BROOME, WILLIAM | | NAME | İ | | | | | | |
| STREET ADDRESS | 6105 LAGOMAR LN | | STREET | ADDRESS | | | | | | |
| CLTY-ST-ZIP | APOLLO BEACH FL 33572 | | · CITY-S | ST-ZIP | | | | | | |
| mu | D Delete | | TITLE. | | | | [| Change | ☐ Addillon | |
| NAME | MORRIS, STEVE | • | NAME | | | | • | • | j | |
| STREET ADDRESS | 1407 ALHAMBRA DR | | | ADORESS | | | | | } | |
| Ctty-st-zip | APOLLO BEACH FL 33572 | | CITY-S | 51-ZIP | | | · · · · · · · · · · · · · · · · · · · | | | |
| IITLE | TD | ☐ Delete | TITLE | | | | | Change | Addition | |
| NAME STREET ADDRESS | MCPHILLIPS, EARL G | | NAME | ADDRESS | | | | | | |
| CITY-ST-ZIP | 6212 MARBELLA BLVD | | CITY-S | | | | | | | |
| | APOLLO BEACH FL 33572 | | | 1 211 | | | | | | |
| TITLE. | D BALLARD, MELVIN | ☐ Delele |) TLE NAME | | | | L | Change . | Addition | |
| STREET ADDRESS | 1422 JUMANA LOOP | | | ADDRESS | | | | | | |
| CITY-ST-7JP | APOLLO BEACH FL 33572 | | CITY-S | | | | | | } | |
| TITLE | | Delete | TITLE | | | | | Change | Addition | |
| NAME. | | L Delete | NAME | | | | L. | enunge | | |
| STREET ADDRESS | | | | ADDRESS | | | | | ł | |
| CITY-ST-Z#P | | | CITY-S | | | | | | | |
| indicated of the cor | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp d, or on an attachment with an address | true and accurate and that nowered to execute this repor | ny signatu t as requir | re shall have the | same legal effect as | if made under | oath; that I am | an officer | or director | |