

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003111**

1. Entity Name  
**WEST FLORIDA Y RUNNERS CLUB, INC.**



Principal Place of Business  
**1005 S. HIGHLAND  
CLEARWATER, FL 33756 US**

Mailing Address  
**1005 S. HIGHLAND  
CLEARWATER, FL 33756 US**



03082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FARNHAM, KAREN  
4308 AUSTON WAY  
PALM HARBOR, FL 34685**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
WEISS, MICHAEL  
5217 ENCLAVE R  
OLDSMAR, FL 34677**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
DELIA, MARY  
3253 PINE FOREST DR  
PALM HARBOR, FL 34684**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SHERIDAN, JAN  
2450 GULFBREEZE  
PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
COURCHANE, ANN  
478 OLD OAK CIR  
PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000671508  
03/28/07-80031-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ann Courchane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ann Courchane, Treasurer*  
Date

*3/15/07*  
Daytime Phone #

*727-455-5355*