

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90037 007 ****61.25

DOCUMENT # N98000000174 1. Entity Name OKEECHOBEE YATCHETTE CLUB, INC.			
Principal Place of Business 2661 SE 24TH BLVD OKEECHOBEE, FL 34974		Mailing Address 2661 SE 24TH BLVD OKEECHOBEE, FL 34974	
2. Principal Place of Business - No P.O. Box # 3922 S.E. 28 STREET Suite, Apt. #, etc.		3. Mailing Address 3922 SE 28 STREET Suite, Apt. #, etc.	
City & State OKEECHOBEE, FL		City & State OKEECHOBEE, FL	
Zip 34974		Zip 34974	
4. FEI Number 65-0805225		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURROUGHS, TERRY W VP 2661 SE 24TH BLVD OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name ROBERT C. SHULTZ Street Address (P.O. Box Number is Not Acceptable) 3922 S.E. 28 STREET City OKEECHOBEE, FL Zip Code 34974	
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 <i>Robert C. Shultz</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE 2/5/2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLDENHAUER, BETTE 85 LINDA ROAD NE OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PP ROBERT C. SHULTZ 3922 S.E. 28 STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURROUGHS, TERRY W 2661 SE 24TH BLVD OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VPD TOM JEWELL 7950 HWY. 78 WEST, LOT 201 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNAPP, JEAN 2297 SE 24TH BLVD OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELATKA, PAT 1165 SE 21 ST. STREET OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robert C. Shultz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 2/5/2007 Daytime Phone #	