


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90039 019 ****70.00

DOCUMENT # N98000003581			
1. Entity Name SOUTH GULF COVE YACHT CLUB, INC.			
Principal Place of Business 15522 ALCOVE CIRCLE PORT CHARLOTTE CIRCLE, FL 33981 US		Mailing Address PO BOX 27166 EL JOBEAN, FL 33927	
2. Principal Place of Business - No P.O. Box # 9380 SPRING CIRCLE Suite, Apt. #, etc.		3. Mailing Address PO BOX 27166 Suite, Apt. #, etc.	
City & State PORT CHARLOTTE FL		City & State EL JOBEAN FL	
Zip 33981		Country U.S.A.	
4. FEI Number 65-0844394		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, ED 15522 ALCOVE CIRCLE PORT CHARLOTTE, FL 33981		7. Name and Address of New Registered Agent Name: JAMES M. ATKINSON Street Address (P.O. Box Number is Not Acceptable): 9380 SPRING CIRCLE City: PORT CHARLOTTE FL Zip Code: 33981	
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>James M. Atkinson</i> 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. <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	C HOLMES, ED 15522 ALCOVE CIRCLE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Atkinson, James 9380 Spring Circle Port Charlotte, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC2 ATKINSON, JAMES 9380 SPRING CIRCLE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC2 Young, Ralph 8713 Calumet Blvd Port Charlotte FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC3 HOLMES, ED 15522 ALCOVE CIR PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC3 Ireland, Tom 15594 Agua Circle Port Charlotte, FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORSMAN, MARILYN 15434 VISCOUNT CIRCLE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Oberlin, Ruth 15650 Viscount Circle Port Charlotte, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OBERLIN, RUTH 15650 VISCOUNT CIR PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lyons, Mary 13462 Cheville Dr Port Charlotte, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC ATKINSON, JAMES 9380 SPRING CIR PORT CHARLOTTE, FL 33981 <input checked="" 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>James M. Atkinson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/19/07 (941) 697-2026 Date Daytime Phone #	
JAMES M. ATKINSON			