2007 NOT-FOR-PROFIT CORPORATION

FILED Iul 23 2007 8:00 am

DOCUMENT # N9800003581 1. Entity Name SOUTH GULF COVE YACHT CLUB, INC.	
1. Entity Name SOUTH GULF COVE YACHT CLUB, INC.	Secretary of State
	07-23-2007 90039 019 ****70.00
Principal Place of Business Mailing Address 15522 ALCOVE CIRCLE PO BOX 27166	
PORT CHARLOTTE CIRCLE, FL 33981 US EL JOBEAN, FL 33927	
Principal Place of Business - No P.O. Box # 3. Mailing Address	
9380 SPRING CIRCLE P.O. BOX Suite Apt. # etc. Suite Apt. # etc.	27/66
	01302007 Chg-NP CR2E037 (12/06)
City & State PORT CHARLOTTE FL, EL TOBER	FL, 4. FEI Number Applied For Not Applicate Not Applicate Applied For Not Not Applied For Not Not Applied For Not Not Applied For Not
33981 CHANGITE 33927	5. Certificate of Status Desired See Required
Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLMES, ED	Name TAMES M. ATKINSON
15522 ALCOVE CIRCLE PORT CHARLOTTE, FL 33981	Street Address (B.O. Box Number is Not Asseptable)
	City of the Code o
The above named entity submits this statement for the purpose of changing its regis	stered 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: Regis	silered Agent signature required when reinstating) DATE
Filing Fee is \$61.25 (NOTE: Regs.	gn Financing \$5.00 May Be Make check payable to
Filing Fee is \$61.25 Due by May 1, 2007 Find Trust Fund Control	gn Financing \$5.00 May Be ibution. Added to Fees Horida Department of State
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Thereby certify that the information supplied with this filting 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.

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: