

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003581

FILED  
Jan 24, 2012  
Secretary of State

Entity Name: SOUTH GULF COVE YACHT CLUB, INC.

**Current Principal Place of Business:**

9460 MIGUE CIRCLE  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

15850 AQUA CIRCLE  
PORT CHARLOTTE, FL 33981 US

**Current Mailing Address:**

PO BOX 27166  
EL JOBEAN, FL 33927

**New Mailing Address:**

FEI Number: 65-0844394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHEHASKE, PAMELA  
9460 MIGUE CIRCLE  
PORT CHARLOTTE, FL 33981 US

**Name and Address of New Registered Agent:**

CHRISTOFFERS, LYNDA  
15850 AQUA CIRCLE  
PORT CHARLOTTE, FL 33981 US

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.

SIGNATURE: LYNDA CHRISTOFFERS      01/24/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: DIPIERRO, PAT  
Address: 8196 TECUMSEH CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VC2  
Name: WOODS, KEVIN  
Address: 9294 ROSEBUD CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VC3  
Name: REDMAN, ROGER  
Address: 15409 AVERY CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T  
Name: CHRISTOFFERS, LYNDA  
Address: 15850 AQUA CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S  
Name: SCHAFFER, CAROL  
Address: 15516 ALASK CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D  
Name: CHRISTOFFERS, BOB  
Address: 15850 AQUA CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNDA CHRISTOFFERS      T      01/24/2012  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date