## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005881

BOGGESS, MICHAEL

DELAND, FL 32721

POB 4568

Name:

Address:

City-St-Zip:

Name: LAKE BERESEORD YACHT CLUB INC

FILED Feb 06, 2007 Secretary of State

Entity Nar	me: LAKE	SERESFORD YAC	HT CLUB, INC.							
Current Principal Place of Business:					New Principal Place of Business:					
1961 HON DELAND,	TOON RD FL 32720									
Current Mailing Address:					New Mailing Address:					
1961 HON DELAND,	TOON RD FL 32720									
FEI Number:	: 59-0543143	FEI Number Ap	olied For ( )	FEI Num	nber Not Appli	cable ( )	Certific	ate of Status	Desired (X)	
Name and	l Address o	f Current Registe	red Agent:		Name and	Address o	of New Reg	gistered Ag	ent:	
REIMERS, MICHAEL 1961 HONTOON RD DELAND, FL 32720 US					TATTI, THOMAS 1961 HONTOON RD DELAND, FL 32720 US					
The above in the State	named enti e of Florida.	ry submits this stat	ement for the p	urpose of	changing it	s registere	d office or	registered a	gent, or both,	
SIGNATURE: THOMAS TATTI					02/06/2007					
	Electi	onic Signature of F	Registered Age	nt				Date		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	C REICH, SHE 1415 WHISF DELAND, FL	PERING WOODS WAY			Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	JAMERSON	IG PINE WAY			Title: Name: Address: City-St-Zip:		(X) Change I, FRANKLIN NG PINE WA L 32724	. ,		
Title: Name: Address: City-St-Zip:	T HALL, EDWI 1701 TIMBE DELAND, FL	R HILLS DR			Title: Name: Address: City-St-Zip:	T MOORE, DI 2280 HONT DELAND, F	OON RD	( ) Addition		
Title: Name: Address: City-St-Zip:	S MOORE, DIA 2280 HANTO DELAND, FL	OON RD			Title: Name: Address: City-St-Zip:	S SWINTEK, 2305 HONT DELAND, F	OON RD	( ) Addition		
Title:	VC	( ) Delete			Title:	RC	(X) Change	( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

JOHNSON, EVERETT R

1640 ALEXANDER DR

DELAND, FL 32720

SIGNATURE: SHELDON REICH C 02/06/2007