

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

40047840

DOCUMENT # N99000005881

1. Entity Name  
LAKE BERESFORD YACHT CLUB, INC.

03-18-2008 90011 011 \*\*\*\*70.00

Principal Place of Business  
1961 HONTOON RD  
DELAND, FL 32720

Mailing Address  
1961 HONTOON RD  
DELAND, FL 32720

40047840

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-0543143

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATTI, THOMAS  
1961 HONTOON RD  
DELAND, FL 32720

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 C REICH, SHELDON ☐ Delete  
STREET ADDRESS 1415 WHISPERING WOODS WAY  
CITY-ST-ZIP DELAND, FL 32720

TITLE NAME T ROLAND SWINTEK ☒ Change ☐ Addition  
STREET ADDRESS 2305 HONTOON RD  
CITY-ST-ZIP DELAND, FL 32720

TITLE NAME VC JAMERSON, FRANKLIN ☐ Delete  
STREET ADDRESS 707 SWAYING PINE WAY  
CITY-ST-ZIP DELAND, FL 32724

TITLE NAME S LAURIE SULLIVAN ☐ Change ☒ Addition  
STREET ADDRESS 2742 KINGFISHER VILLAGE  
CITY-ST-ZIP DELAND, FL 32720

TITLE NAME T MOORE, DIANE ☒ Delete  
STREET ADDRESS 2280 HONTOON RD  
CITY-ST-ZIP DELAND, FL 32720

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME S SWINTEK, ROLAND W ☐ Delete  
STREET ADDRESS 2305 HONTOON RD  
CITY-ST-ZIP DELAND, FL 32720

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME RC JOHNSON, EVERETT R ☒ Delete  
STREET ADDRESS 1640 ALEXANDER DR  
CITY-ST-ZIP DELAND, FL 32720

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #