2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S23141

1. Entity Name

PALM BEACH YACHT CLUB ASSOCIATES, INC.



Principal Place of Business

800 N FLAGLER DR WEST PALM BEACH, FL 33401 Mailing Address

800 N FLAGLER DR

WEST PALM BEACH, FL 33401

FILED Jan 22, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152007	01152007 No Chg-P		CR2E034 (11/05)		
4. FEI Number			Applied For		
65-0261	724		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

ARSENAULT, GERALD A. 800 N. FLAGLER DR WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

	,						
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 Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ARSENAULT, GERARD A 800 N FLAGLER DR W PALM BCH, FL						
NAME STREET ADDRESS CITY-ST-ZIP	STD HAMILTON, LEE COLEE 800 N FLAGLER DR W PALM BCH, FL				U00000597138 01/24/07-80026-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. I hereby certify that the information supplied with this filling 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 607, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 (561)655-3113