

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002643 1. Entity Name STORM TRYSAIL CLUB-SOUTHERN STATION, INC.	
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Principal Place of Business 1374 SE 14 ST FT LAUDERDALE, FL 33316	Mailing Address 1374 SE 14 ST FT LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE

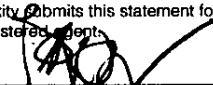


08082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0926221	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEAGHER, ROBERT J JR 1374 SE 14 ST FT LAUDERDALE, FL 33316	DO NOT WRITE IN THIS SPACE
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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:  **August 9, 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

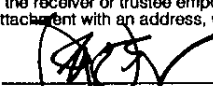
Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEAGHER, ROBERT J JR 1374 SE 14 ST FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLETTE, DENNIS 2000 S OCEAN LN FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATZER, KEN 2765 NE 22 AVE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWIE, JOEL 700 ELM TREE LN BOCA RATON, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAGHER, ROBERT J III 800 SW 16 CT FT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TIM 530 S FEDERAL HWY FT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

U0000005746E4
08/18/06-80001-025 70.00

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:  **August 9, 2006 (954) 763-6621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #