

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90325 047 \*\*\*\*61.25

<b>DOCUMENT # N28955</b> 1. Entity Name <b>DAVIS ISLAND YACHT CLUB, INC.</b>	
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Principal Place of Business <b>1315 SEVERN AVE TAMPA FL 33606 US</b>	Mailing Address <b>1315 SEVERN AVE TAMPA FL 33606 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State	City & State	4. FEI Number <b>59-0870549</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>TERRY, WILLIAM BARNETT PLAZA 101 E. KENNEDY BLVD, STE 2560 TAMPA FL 33601</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PURTON, KINGSLEY</b> <b>1315 SEVERN</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TOM TURTON</b> <b>43 MARTINIQUE</b> <b>TAMPA, FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, STEPHEN</b> <b>1315 SEVERN</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID KNAPP</b> <b>5008 LONG FELLOW AVE,</b> <b>TAMPA, FL 33629</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RJARK, EDWARD</b> <b>1315 SEVERN</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TOM DONN</b> <b>513 E. DAVIS BLVD.</b> <b>TAMPA, FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUTNEY, LOUIS D</b> <b>1315 SEVERN</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GEORGE HOVINE</b> <b>463 W. DAVIS BLVD</b> <b>TAMPA, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>SHENK, N. RUSSELL</b> <b>1315 SEVERN</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GEORGE LEUCENS</b> <b>288 S. DAVIS BLVD</b> <b>TAMPA, FLA 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>RABBIT, JOHN</b> <b>1315 SEVERN</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN LUCKEY</b> <b>558 SEVERN AVE</b> <b>TAMPA, FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Thomas H. Tuntor* **Thomas H. Tuntor, Commodore** **4/11/05** **813)636-2408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #