2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

1. Entity Nam	YACHT CLUB BLUE GAVE			02	-09-2006 90	0041 012		00
Principal Place 700 14TH AV NAPLES, FL	VE. SOUTH	Mailing Address 700 14TH AVE. SOUTH NAPLES, FL 34102						
2. Principal P	lace of Business	3. Mailing Address						ALVALL BA LERA
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006 C	Ong-14 Onz-2007 (11703)			
City & State		City & State		4. FEI Number 59-346796	6			oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New A	legistered A	gent	
FRANCOE	UR, PHILIP M JR		Name					
	REST LANE		Street A	ddress (P.O. Box Number is	Not Acceptable	e) 		
	•							
\$			City			FL	Zip Cod	е
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office o	r registered agent, or both, in	the State of Flo	orida. I am f	amiliar with,	and accept
:								
SIGNATURE.	,							
		and the Hameleastic AIOTT	- Designation of Second Second			DATE		
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signal	ure required when reinstating)		DATÉ		
			npaign Financing	\$5.00 May Be Added to Fees	1	DATE lake check ida Depart		
10.	Signature, typed or printed name of registered agen	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	lake check ida Depart	ment of St	tate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI PD SCHOENDORF, JOSEPH F JR	9. Election Carr Trust Fund C	npaign Financing contribution. 11. TITLE NAME	S5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	lake check ida Depart	ment of St	tate
10.	Signature, typed or printed reme of registered agen Filling Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DI PD	9. Election Carr Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG PRESIDEN I SCOTT, DONALD 636 PORTSIDE NAPLES, FL 3	ES TO OFFICE	lake check ida Depart	ment of SI	tate I 10
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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 tame 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 Charter 177, 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: DOUALD T SOME

2/2/6 262-7664