

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90020 032 ****61.25

DOCUMENT # N97000004840 1. Entity Name DAYTONA BEACH YACHT CLUB, INCORPORATED					
Principal Place of Business P.O. BOX 6392, STATION A DAYTONA BEACH, FL 32122				Mailing Address P.O. BOX 6392, STATION A DAYTONA BEACH, FL 32122	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DAVIDSON, VICTORIA 3757 S ATLANTIC AVE # 502 DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name Barbara J Anthony Street Address (P.O. Box Number is Not Acceptable) _____ 94 Lenox Ave City Daytona Beach FL Zip Code 32118	
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 Barbara J Anthony		DATE 2/14/05 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2005		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 STREET ADDRESS CITY-ST-ZIP	PD HODEL, WILLIAM T 721 S BEACH ST UNIT 721A DAYTONA BEACH, FL 32114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROSE, RUTHANN 3757 S. ATLANTIC AVE #502 DAYTONA BEACH, FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Commodore Vice Parisa 277 Center St Holly Hill FL 32117 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC PARISA, VIC 277 CENTER ST. HOLLY HILL, FL 32117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Captain Elizabeth Hodel 721 S Beach St Unit 721A Daytona Beach, FL 32114 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STREET, RICHARD 610 S. RIDGEWOOD AVE ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC ROBINSON, STUART 134 BELLWOOD AVE SOUTH DAYTONA BEACH, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTHONY, BARBARA J 94 LENOX AVE. DAYTONA BEACH, FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara J Anthony		DATE 2/14/05 386 239-7117 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			