


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

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90079 041 \*\*\*\*61.25

<b>DOCUMENT # N99000003323</b>									
<b>1. Entity Name</b> SAILFISH POINT FOUNDATION, INC.									
<b>Principal Place of Business</b> 2201 SAILFISH POINT BLVD STUART, FL 34996			<b>Mailing Address</b> 2201 SAILFISH POINT BLVD STUART, FL 34996						
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0978271 <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Applied For		Not Applicable	<input checked="" type="checkbox"/>
Applied For									
Not Applicable	<input checked="" type="checkbox"/>								
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>						
<b>YOCOM, MICHAEL</b> 7038 SE HARBOR CIRCLE STUART, FL 34996			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
			City						
			<b>FL</b>		Zip Code				
<b>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.</b>									
SIGNATURE _____ DATE _____									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>					
<b>Make check payable to Florida Department of State</b>									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>						
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	KELLEHER, JOHN		NAME						
STREET ADDRESS	6969 SE HARBOR CIRCLE		STREET ADDRESS						
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP						
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME	EDELCP, BRUCE		NAME	D KEN JOHNS					
STREET ADDRESS	6845 SE NORTH MARINA WAY		STREET ADDRESS	2900 DUNE DR #415 A					
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	STUART FL 34996					
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME	ZEMENICK, SHIRLEY		NAME	S SHARON OSTEN					
STREET ADDRESS	3005 SE DUNE DR		STREET ADDRESS	7026 SE HARBOR CIR					
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	STUART FL 34996					
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME	MARTINO, RAYMOND		NAME	VP NANCIE PARLIN					
STREET ADDRESS	3057 SE DUNE DR.		STREET ADDRESS	6992 SE HARBOR CIR.					
CITY-ST-ZIP	STURT, FL 34996		CITY-ST-ZIP	STUART, FL 34996					
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	WALGREEN, KATHLEEN		NAME						
STREET ADDRESS	8901 SE N MARINA WAY		STREET ADDRESS						
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP						
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	TOLLEY, GEORGE		NAME						
STREET ADDRESS	6760 SE HARBOR CIR		STREET ADDRESS						
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP						
<b>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.</b>									
<b>SIGNATURE:</b> <u>John Kelleher</u>			Date: <u>3/7/06</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>772 225 3625</u>						