
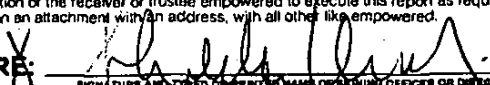


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/1

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

02-13-2006 90025 040 ****61.25

DOCUMENT # N99000005881					
1. Entity Name LAKE BERESFORD YACHT CLUB, INC.					
Principal Place of Business 1961 HONTOON RD DELAND, FL 32720			Mailing Address 1961 HONTOON RD DELAND, FL 32720		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0543143	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REIMERS, MICHAEL 1961 HONTOON RD DELAND, FL 32720			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	RE	<input type="checkbox"/> Delete	TITLE	COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, SHELDON		NAME		
STREET ADDRESS	1415 WHISPERING WOODS WAY		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE	F	<input type="checkbox"/> Delete	TITLE	REAR COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMERSON, FRANKLIN		NAME		
STREET ADDRESS	707 SWAYING PINE WAY		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAND, BRUCE		NAME	EDWIN HALL	
STREET ADDRESS	1305 GREENWAY AVE		STREET ADDRESS	1701 TIMBER HILLS DR	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	DELAND, FL 32724	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MICKI		NAME	DIANE MOORE	
STREET ADDRESS	900 CAREY DR		STREET ADDRESS	2280 HONTOON RD.	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	DELAND FL 32720	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VICE COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, SUZANNE		NAME	MICHAEL BOGCESS	
STREET ADDRESS	3320 LONGHORN TRAIL		STREET ADDRESS	P.O. BOX 4568	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND FL 32721	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 3/4/06 386-734-3854		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		