

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

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 021 ****61.25

DOCUMENT # N36989

1. Entity Name

ANCHOR BOAT CLUB, INC.



Principal Place of Business

% LOUIS BOHN
13 CLEARVIEW CT. NORTH
PALM COAST FL 32137
US

Mailing Address

ANCHOR BOAT CLUB, INC.
PO BOX 351501
PALM COAST FL 32135-1501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3047602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTARP, PAUL M JR
185 CPYRESS PT PKWY
STE 6
PALM COAST FL 32164

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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
CD
BOHN, LOUIS
13 CLEARVIEW COURT NORTH
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
ST. PIERRE, TED
61 PEBBLE BEACH DRIVE
PALM COAST FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
ASA COHEN
6 CHESNEY CT
PALM COAST FL 32137 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DINO, PATRICIA H
9 WILSON PLACE
PALM COAST FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NIELSEN, THOMAS J
28 CLINTON COURT NORTH
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RC
NIELSEN, SUSAN
28 CLINTON COURT NORTH
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RC
RUTH BALLA
27 CLEARVIEW COURT NORTH
PALM COAST FL 32137 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FC
ANTONELLI, JOHN
4 CEDAR COURT
PALM COAST FL 32137 ☐ 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:

Thomas J. Nielsen THOMAS J. NIELSEN

Date

Daytime Phone #

1/28/05 386-447-7420