2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760965

FILED Apr 28, 2005 Secretary of State

Entity Name: ENGLEWOOD BEACH & YACHT CLUB ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1815 GUL ENGLEW	.F BLVD OOD, FL 342:	23			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1815 GUL ENGLEW	.F BLVD OOD, FL 342:	23			
FEI Number	: 59-2654582	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
WEBB, LO 1625 W M	CPA, SANKEY DRAH & COMI IARION AVEN ORDA, FL 33	PANY, PL CPAS UE STE 6			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
OFFICER	2 AND DIKE	JIONS.	ADDITIONS/CHANG	IES TO OFFICERS AND DIRECTORS	
Title: Name: Address:) Delete M _VD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	S (RYAN, WILLIA 1815 GULF BI ENGLEWOOD) Delete M LVD), FL 34223) Delete ROLD DULEVARD	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	S (RYAN, WILLIA 1815 GULF BI ENGLEWOOD D (WHITTUM, HA 1815 GULF BO ENGLEWOOD) Delete MM LVD), FL 34223) Delete ROLD DULEVARD), FL 34223) Delete GERALD DULEVARD	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	S (RYAN, WILLIA 1815 GULF BI ENGLEWOOD D (WHITTUM, HA 1815 GULF BO ENGLEWOOD T (LASKOWSKI, 1815 GULF BO ENGLEWOOD) Delete (M) LVD), FL 34223) Delete ROLD DULEVARD 0, FL 34223) Delete GERALD DULEVARD 0, FL 34223) Delete ON DULEVARD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON REWEY P 04/28/2005