

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90091 031 ****61.25

DOCUMENT # N28955

1. Entity Name

DAVIS ISLAND YACHT CLUB, INC.



Principal Place of Business

Mailing Address

1315 SEVERN AVE
TAMPA FL 33606
US

1315 SEVERN AVE
TAMPA FL 33606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0870549

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

TERRY, WILLIAM
BARNETT PLAZA
101 E. KENNEDY BLVD, STE 2560
TAMPA FL 33601

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

David Knapp

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

4/5/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURTON, TOM	
STREET ADDRESS	43 MARTINIQUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, DAVID	
STREET ADDRESS	5008 LONGFELLOW AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNN, TOM	
STREET ADDRESS	513 E DAVID BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEUGENS, GEORGE	
STREET ADDRESS	738 S DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LACKEY, JOHN	
STREET ADDRESS	558 SEVERN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RABBIT, JOHN	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DAVID KNAPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5008 LONGFELLOW AVE	
STREET ADDRESS	TAMPA, FL 33629	
CITY-ST-ZIP		
TITLE	TOM DUNN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	513 E DAVIS BLVD	
STREET ADDRESS	TAMPA, FL 33606	
CITY-ST-ZIP		
TITLE	KEVIN FOUCHÉ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	84 DAVIS BLVD #608	
STREET ADDRESS	TAMPA, FL 33606-3421	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HOLLY COGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	112 MINNEHABA	
STREET ADDRESS	TAMPA, FL 33604	
CITY-ST-ZIP		
TITLE	TOM TURTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	43 MARTINIQUE	
STREET ADDRESS	TAMPA, FL	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Knapp

4/5/06 813 251-1158

Date

Daytime Phone #