
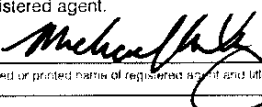


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90207 001 ***150.00

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # 191800 | | | |  | |
| 1. Entity Name SELVA MARINA COUNTRY CLUB, INC. | | | | | |
| Principal Place of Business 1600 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233 | | | Mailing Address 1600 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233 | | |
| 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 59-6077224 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RISCHEL, RICK 2115 BEACH AVE. ATLANTIC BEACH, FL 32233 | | | | Name Mike Diaz | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 1170 Seminole Rd | |
| | | | | City Atlantic Beach, FL | |
| | | | | Zip Code 32233 | |
| 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  Mike Diaz | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| DATE | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S DIAZ, MIKE 1170 SEMINOLE ROAD ATLANTIC BEACH, FL 32233 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BRENNAN, PAT 2042 CHEROKEE DRIVE NEPTUNE BEACH, FL 32266 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T RISCHEL, RICK 2115 BEACH AVENUE ATLANTIC BEACH, FL 32233 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ENNIS, ALLAN 1865 LIVE OAK LANE ATLANTIC BEACH, FL 32233 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President Rick Redick 305 South 1st Street Unit 6 Jacksonville Beach, FL 32250 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary Mitch E. Reeves 14214 Crystal Cove Dr. Jacksonville, FL 32224 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 607, 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:  **Mike Diaz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____