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

Secretary of State DOCUMENT # 702638 02-17-2006 90074 004 ****61.25 1. Entity Name THE FLORIDA YACHT CLUB, INC. Principal Place of Business Mailing Address 5210 YACHT CLUB ROAD JACKSONVILLE FL 32210 5210 YACHT CLUB ROAD JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-0248800 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John L. Kirby Ur. SCHEU, FRANCIS M Street Address (P.O. Box Number is Not Acceptable) 5307 SHORECREST DR JACKSONVILLE FL 32210 4320 Venetia Blud 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Treasurer TITLE TITLE ☐ Change Addition Arnold S. Rogers SCHEU, FRANCIS M NAME NAME 3554 Richmond St. STREET ADDRESS 5307 SHORECREST DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-7IP Jacksonville, FL 32205 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MC ARTHUR, W A NAME NAME 3844 TIMUQUANA RD STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KIRBY, JOHN L JR NAME STREET ADDRESS 4320 VENETIA BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE D ☐ Delete ☐ Change ☐ Addition JAN 1 💆 2006 KENT, FREDERICK H III NAME NAME STREET ADDRESS 4355 SHERWOOD RD. STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE Channe ☐ Addition LAMPE, WALTER M NAME NAME 4632 ARGONNE LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 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 other like empowered.

SIGNATURE:

Judet

1-27-06

904-387-9798

FILED

Feb 17, 2006 8:00 am