


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90054 014 ****61.25

DOCUMENT # 703135 1. Entity Name THE ORMOND BEACH YACHT CLUB INC.					
Principal Place of Business 63 N. BEACH ST. ORMOND BEACH, FL 32174-5601 US			Mailing Address 75 LINCOLN AVE ORMOND BEACH, FL 32176 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 75 LINCOLN AVE Suite, Apt. #, etc.			
City & State Zip Country		City & State ORMOND BEACH, FL Zip Country 32174 US		4. FEI Number 23-7190052 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEARSON, ROBERT 75 LINCOLN AVE ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name PEARSON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 75 LINCOLN AVE City ORMOND BEACH FL Zip Code 32174		
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 <u><i>Robert B Pearson</i></u> DATE <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P CALLAHAN, KEVIN 2887 JOHN ANDERSON DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALLAHAN, KEVIN 2887 JOHN ANDERSON DR. ORMOND BEACH, FL, 32174		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, EARL JR 234 CHEROKEE RD ORMOND BEACH, FL 32174 <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	ST PEARSON, ROBERT 75 LINCOLN AVE ORMOND BEACH, FL 32174 <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	D ALFREDSON, PALE P O BOX 251295 N/A HOLLY HILL, FL 32125 <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	D SPANGLER, JAN 174 S. RIDGEWOOD AVE ORMOND BEACH, FL <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	D THOMAS, ROBERT 16 FAIRVIEW AVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Robert B Pearson</i></u>			DATE <u>2/20/05</u> DAYTIME PHONE # <u>386-562-3541</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					