


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90161 023 ****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 32174 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALLAHAN, KEVIN	NAME			
STREET ADDRESS	2887 JOHN ANDERSON DR	STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH, FL 32176	CITY - ST - ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, EARL JR	NAME			
STREET ADDRESS	234 CHEROKEE RD	STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH, FL 32174	CITY - ST - ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEARSON, ROBERT	NAME			
STREET ADDRESS	75 LINCOLN AVE	STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH, FL 32174	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALFREDSON, PALE	NAME	D ALFREDSON, DALE		
STREET ADDRESS	P O BOX 251295 N/A	STREET ADDRESS	P.O. BOX 251295		
CITY - ST - ZIP	HOLLY HILL, FL 32125	CITY - ST - ZIP	HOLLY HILL, FL, 32125		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, ROBERT	NAME	P THAMES, ROBERT		
STREET ADDRESS	16 FAIRVIEW AVE	STREET ADDRESS	16 FAIRVIEW AVE		
CITY - ST - ZIP	ORMOND BEACH, FL 32174	CITY - ST - ZIP	ORMOND BEACH, FL, 32174		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	D STEPHEN O'DWYER		
STREET ADDRESS		STREET ADDRESS	359 JOHN ANDERSON DR.		
CITY - ST - ZIP		CITY - ST - ZIP	ORMOND BEACH, FL, 32176		
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 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>Robert B. Pearson</u> / ROBERT B. PEARSON <u>3/4/2006 (386) 562-3541</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					