

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90178 002 \*\*\*\*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

40050043



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P.O. BOX 1104**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ORMOND BEACH, FL**

03142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**23-7190052**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32175**

**USA**

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

**PEARSON, ROBERT**  
**75 LINCOLN AVE**  
**ORMOND BEACH, FL 32174**

Name **CALLAHAN, KEVIN**

Street Address (P.O. Box Number is Not Acceptable)  
**2887 John Anderson DR.**

City **ORMOND BEACH**

FL

Zip Code **32176**

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

*Kevin Callahan*

**3-17-07**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **CALLAHAN, KEVIN**  
STREET ADDRESS **2887 JOHN ANDERSON DR**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **WILLIAMS, EARL JR**  
STREET ADDRESS **234 CHEROKEE RD**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☒ Delete  
NAME **PEARSON, ROBERT**  
STREET ADDRESS **75 LINCOLN AVE**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☒ Change ☐ Addition  
NAME **ST**  
STREET ADDRESS **SERIO, JODY**  
CITY-ST-ZIP **132 FLOMICH ST.**  
**HOLLY HILL, FL 32117**

TITLE **D** ☐ Delete  
NAME **ALFREDSON, DALE**  
STREET ADDRESS **PO BOX 251295**  
CITY-ST-ZIP **HOLLY HILL, FL 32125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **THAMES, ROBERT**  
STREET ADDRESS **16 FAIRVIEW AVE**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **O'DWYER, STEPHEN**  
STREET ADDRESS **359 JOHN ANDERSON DR**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

*Kevin R. Callahan* / **KEVIN R. CALLAHAN** **3.30.07** **(386) 441-8472**