


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90113 046 \*\*\*\*61.25

<b>DOCUMENT # 705796</b> 1. Entity Name <b>TRACY'S POINT COMMUNITY CLUB, INC.</b>					
Principal Place of Business <b>TRACY'S POINT COMMUNITY</b> <b>P.O. BOX 301</b> <b>LAKE PANASOFFKEE, FL 33538 US</b>			Mailing Address <b>PO BOX 301</b> <b>LAKE PANASOFFKEE, FL 33538 US</b>		
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 <b>59-2363266</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHOTT, THOMAS</b> <b>2529 CR 448</b> <b>LAKE PANASOFFKEE, FL 33538</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOIT, LILLIS		NAME	Schott, Lillis	
STREET ADDRESS	2529 CR 448		STREET ADDRESS	2529 CR 448	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE	T	<input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAFFER, HARRY JR		NAME	Wilson, David	
STREET ADDRESS	2211 CR 4378		STREET ADDRESS	1275 CR 442	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, DUANE		NAME	Su Gerheim	
STREET ADDRESS	PO BOX 1293		STREET ADDRESS	980 CR 437	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KENYON, RICHARD		NAME	Schott, Tom	
STREET ADDRESS	PO BOX 358		STREET ADDRESS	2529 CR 448	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSTEN, MARIE		NAME	Busten, Mariette	
STREET ADDRESS	PO BOX 147		STREET ADDRESS	PO Box 147	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Burlew, Kitty	
STREET ADDRESS			STREET ADDRESS	980 CR 453	
CITY-ST-ZIP			CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
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.					
<b>SIGNATURE:</b> <i>Su Gerheim</i>			<b>SIGNATURE:</b> <i>Su Gerheim</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

352 568-2589