


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90030 011 ****61.25

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|--|---|---|--|---|---|--|
| DOCUMENT # 708617 1. Entity Name TRIANGLE BOAT CLUB, INC. | | | |  | | |
| Principal Place of Business HWY 441 AT DEAD RIVER P.O. BOX 341 TAVARES, FL 32778 | | | Mailing Address HWY 441 AT DEAD RIVER P.O. BOX 341 TAVARES, FL 32778 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| ROBERTS, GEORGE H 27734 CYPRESS GLEN CT YALAH, FL 34797 | | | | Name WILLIAM CAREY Street Address (P.O. Box Number is Not Acceptable) 12315 US HWY 441 # 24 City TAVARES FL Zip Code 32778 | | |
| 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. WILLIAM CAREY SIGNATURE: <i>William Carey</i> 1/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | COMD ROBERTS, GEORGE 27734 CYPRESS GLEN CT YALAH, FL 34797 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COMD CAREY, WILLIAM 12315 US HWY 441 #24 TAVARES, FL 32778 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RC CAREY, WILLIAM 12315 US HWY 441 # 24 TAVARES, FL 32778 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RC BARBK, JACK 35642 CYPRESS COURT LEESBURG, FL 34788 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD CRAIG, THOMAS 4900 ABACO DR. TAVARES, FL 32778 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD BUXTON, VIRGINIA 11 550 MAGNOLIA AVE TAVARES, FL 32778 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBERTS, SUSAN 27734 CYPRESS GLEN CT YALAH, FL 34797 | <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 | S CAREY, DENISE 12315 US HWY 441 # 24 TAVARES, FL 32778 | <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 | <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 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: <i>Susan F Roberts</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 1/4/06 352 3243792 <small>Date Daytime Phone #</small> | | |