


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90050 039 \*\*\*\*61.25

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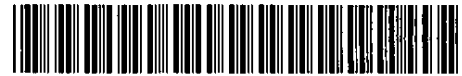
1. Entity Name  
**YACHT CLUB COLONY ASSOCIATION, INC.**



Principal Place of Business Mailing Address

P O BOX 3031 P O BOX 3031  
 N FT MYERS FL 33917-9509 N FT MYERS FL 33917-9509  
 US US

JU010302



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1709563** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JESSEN, ANDREW G**  
**1721 CASCADE WAY**  
**N FT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	VD	<input type="checkbox"/> Delete
NAME	GLENTON, GREG	
STREET ADDRESS	2324 WESTWOOD RD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARZA, AL	
STREET ADDRESS	2077 S CLUBHOUSE RD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HESS, JIM	
STREET ADDRESS	1753 CLUBHOUSE RD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MONTILLA, ELIA	
STREET ADDRESS	2204 CHANNELWAY	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	FURDELL, ROBIN	
STREET ADDRESS	1704 CASCADE WAY	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSI, VINCENT	
STREET ADDRESS	1663 WINSTON	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OMANOFF, SALLY	
STREET ADDRESS	1751 CORAL WAY	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANSY, STEVE	
STREET ADDRESS	1728 Clubhouse Rd.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Jim HESS, TO **2/16/05** **239-567-1059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #