

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90110 013 \*\*\*\*61.25

DOCUMENT # **711478**

1. Entity Name

**SAN JOSE YACHT CLUB INC.**



**DO NOT WRITE IN THIS SPACE**

**40023695**

2. Principal Place of Business

**7529 SAN JOSE BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**SAN JOSE YACHT CLUB INC.**

Suite, Apt. #, etc.

CR2E037B (8/05)

City & State

**JACKSONVILLE, FL.**

City & State

4. FEI Number

**59-0587258**

Applied For

Not Applicable

Zip

**32217**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**A. JOYCE SHIRLEY**

Street Address (P.O. Box Number is Not Acceptable)

**4047 MIZNER CT.**

City

**JACKSONVILLE**

**FL**

Zip Code

**32217**

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

*A. Joyce Shirley*  
Signature, typed or printed name of registered agent and title if applicable

*Joanne*  
(NOTE: Registered Agent signature required when reinstating)

**2- -06**  
DATE

**FEI IS \$61.25**

**Initial or Amended AR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D. TAYSON, DR. JAMES W. 19356 MANDARIN RD. JACKSONVILLE, FL 32223</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.D. SHIRLEY, A. JOYCE 4047 MIZNER CT. JACKSONVILLE, FL 32217</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.D. GODWIN, HELEN S. 8441 MIZNER CIRCLE JACKSONVILLE, FL 32217</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.D. OLIVE, MORGAN 7946 SAN JOSE BLVD JACKSONVILLE, FL 32219-5533</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, JR. CHANNING 4401 WEXFORD JACKSONVILLE, FL 32257</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRINNAN, JAMES A. 4570 GORRIENTES CR. S. JACKSONVILLE, FL 32217</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*A. Joyce Shirley*

*Joanne*

**2-28-06**

**104-448,5566**