

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2006 90204 003 \*\*\*\*61.25

**DOCUMENT # 713116**

1. Entity Name

SPORTSMAN'S YACHT AND SAILING CLUBS, INC.



Principal Place of Business

1401 SE 47TH ST  
CAPE CORAL FL 33904

Mailing Address

1401 SE 47TH ST  
CAPE CORAL FL 33904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1461487

Applied For

Not Applicable

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

HERRON, STANLEY  
5310 SW 27TH PLACE  
CAPE CORAL FL 33914

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

*Stanley Herron - Commodore*

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

(NOTE: Registered Agent Signature required when re-registering)

4-24-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	<input type="checkbox"/> Delete
NAME	HERRON, STANLEY	
STREET ADDRESS	5310 SW 27TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIMBLE, RON	
STREET ADDRESS	1440 SE 11TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERCADO, MANUEL	
STREET ADDRESS	2001 PALACO GRANDE PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCEWAN, NED	
STREET ADDRESS	4218 SW 12TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHIVELY, MARIE	
STREET ADDRESS	4941 EDITH ESPLANADE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, JAMES	
STREET ADDRESS	2525 SE 25TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doris Stenger	
STREET ADDRESS	4020 Coronado Pkwy, Apt 206	
CITY-ST-ZIP	CC 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Major, Adele	
STREET ADDRESS	215 SE 1st Place	
CITY-ST-ZIP	C.C 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVELY, MARIE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIDD, EVELYN	
STREET ADDRESS	17561 Plamera Lane	
CITY-ST-ZIP	N. Ft. Myers 33917	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIDD, BILL	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vice Commodore - Ron Kimble* *Ralph D. Libb* 4-24-06 1-239-458-9703