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

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90149 035 ****61.25

DOCUMENT # 714841

1. Entity Name

HERMITS COVE COMMUNITY CLUB INC

Principal Place of Business	Mailing Address
200 HERMIT DRIVE SATSUMA FL 32189	200 HERMIT DRIVE SATSUMA FL 32189

1st MOORE CR2E037 (10/05)

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 59-1216935 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GROB, MARGARET
118 CAMELLIA DR
SATSUMA FL 32189

7. Name and Address of New Registered Agent

Name: Katherine Breeden
Street Address (P.O. Box Number is Not Acceptable): 211 Hermit Dr.
City: Satsuma FL Zip Code: 32189

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: Katherine L. Breeden Treasurer March 24, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GATES, JUDY 242 HERMIT DR. SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Pat JANKOWSKI HC4 BOX 4544, 104 Camellia Dr Satsuma, Florida 32189 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRAY, MARIE 242 KERMIT DR. SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sandie Harrison 204 Camellia Dr. Satsuma, Florida 32189 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GROB, MARGARET 118 CAMELLIA DR SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Katherine Breeden 211 Hermit Dr. Satsuma, Florida 32189 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC JANKOWSKI, PAT HC 4 BOX 4544 104 CAMELLIA SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Kathy Roberts 119 Camellia Dr. Satsuma, Florida 32189 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRONN, MARGE 133 PINELAKE DR SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marge Brown 239 Buffalo Bluff 162 Satsuma, Florida 32189 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAINS, JENILAE 116 CAMELLIA SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jewilae Rains 116 Camellia Dr. Satsuma, Florida 32189 ☐ Change ☐ Addition

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: Katherine L. Breeden 3-24-06 386-649-9177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #