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

FILED
Mar 09, 2005 8:00 am
Secretary of State
03-09-2005 90033 007 ****61.25

DOCUMENT # 720747

1. Entity Name

ANCHOR-LINE YACHT CLUB, INC.

Principal Place of Business	Mailing Address
1012 NE DIXIE HWY PO BOX 914 JENSEN BCH. FL 34958	1012 NE DIXIE HWY PO BOX 914 JENSEN BCH. FL 34958

1st MOORE CR2E037 (10/04)

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 59-1363852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELLWANGER, CARL F.
55 E. SEMINOLE #4
STUART FL 34995

7. Name and Address of New Registered Agent

Name: ELLWANGER, CARL F.
Street Address (P.O. Box Number is Not Acceptable): 306 N. FLORIDA AVENUE
City: STUART, FL Zip Code: 34994

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 _____ 3/4/05
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	GD PARENTI, LAURIE 1140 CHAPMAN WAY, #411 PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GD HOLLAND, ROBERT 2474 SE DRAYTON ROAD PORT ST. LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MILLER, COUNCIL J 285 NE BLAIRWOOD TERRACE JENSEN BEACH FL 34957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD LONG, JUNE 299 NE MOONSTONE DRIVE JENSEN BEACH, F. 34957	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HOLLAND, ROBERT 247 SE DRAYTON RD. PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LCD MAZUR, STEPHEN 1537 SE BALLANTRAE COURT PORT ST. LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HWEEING, NANCY 547 SE CLIFF RD PORT SAINT LUCIE FL 34984	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HELLWIG, NANCY 547 SE CLIFF ROAD PORT ST. LUCIE, FL 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLLAND, MARJORY 247 SE DRAYTON RD. PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLER, ELEANOR 2966 SANTA ANITA PORT ST. LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LCD PARGHTI, ROBERT 1140 CHAPMAN AVE # 411 PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PARENTI, LAURIE 1140 CHAPMAN WAY #411 PALM CITY, FL 34990	☐ Change ☒ Addition

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.

772-337-1254

SIGNATURE: Robert C Holland 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #