




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

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90103 014 ****61.25

DOCUMENT # 724943 1. Entity Name MAC ARTHUR BEACH & RACQUET CLUB INC					
Principal Place of Business 700 GOLDEN BEACH BLVD. RM-140 VENICE FL 34285-3338 US			Mailing Address 700 GOLDEN BEACH BLVD. RM-140 VENICE FL 34285-3338 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1536335 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OBERMEIER, THOMAS 700 GOLDEN BEACH BLVD RM 140 VENICE, FL 34285-3338				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 <u>THOMAS OBERMEIER</u>  2-13-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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	DS NEYS, KATHY 700 GOLDEN BEACH BLVD., UNIT #114 VENICE FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOODEN, JOHN M 700 GOLDEN BEACH BOULEVARD #103 VENICE FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, RALPH A 700 GOLDEN BEACH BLVD. U #938 VENICE FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASSMAN, ALLEN 700 GOLDEN BEACH BOULEVARD #840 VENICE FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ADAMS, EDWARD 700 GOLDEN BEACH BOULEVARD #223 VENICE FL 34285	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOODEN, JOHN M. 700 GOLDEN BEACH BLVD. #103 VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTIN, RALPH A. 700 GOLDEN BEACH BLVD #938 VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARLESIMO, EMILIO 700 GOLDEN BEACH BLVD. #104 VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME 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: <u>THOMAS OBERMEIER</u>  2-13-06 941-7160567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					