

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90362 008 ****61.25

DOCUMENT # 727263

1. Entity Name
THE MELBOURNE YACHT CLUB, INC.



Principal Place of Business
**1202 E. RIVER DR.
MELBOURNE, FL 32901**

Mailing Address
**1202 E. RIVER DR.
MELBOURNE, FL 32901**

50041343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1618877

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BAIRD, CHARLES A
1111 RIVER RD
MELBOURNE BEACH, FL 32951**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 **DC** ☒ Delete
NAME **DELMATER, RHONDA**
STREET ADDRESS **507 BARRELLO LANE**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **DC** ☒ Change ☐ Addition
NAME **Ross Herbert**
STREET ADDRESS **2629 Aston Circle**
CITY-ST-ZIP **Melbourne FL 32940**

TITLE **DVC** ☒ Delete
NAME **HERBERT, ROSS**
STREET ADDRESS **2629 ASTON CIRCLE**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **DVC** ☒ Change ☐ Addition
NAME **James McClure**
STREET ADDRESS **316 EMERSON DRIVE NW**
CITY-ST-ZIP **Palm Bay FL 32907**

TITLE **DRC** ☒ Delete
NAME **SMITH, GARY**
STREET ADDRESS **510 WATSON DRIVE**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **DRC** ☒ Change ☐ Addition
NAME **Robert Hughes**
STREET ADDRESS **1587 Omega St NE**
CITY-ST-ZIP **Palm Bay FL 32907**

TITLE **DS** ☒ Delete
NAME **YATES, ROCHELLE**
STREET ADDRESS **484 PORT ROYAL BLVD.**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **DS** ☒ Change ☐ Addition
NAME **LOUISA KILLIAN**
STREET ADDRESS **2790 HARLOCK Rd**
CITY-ST-ZIP **Melbourne FL 32934**

TITLE **DT** ☒ Delete
NAME **GARVEY, WILLIAM**
STREET ADDRESS **1805 ATLANTIC STREET**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **DT** ☒ Change ☐ Addition
NAME **William Garvey**
STREET ADDRESS **1805 Atlantic St**
CITY-ST-ZIP **Melbourne Beach FL 32951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 March 2005
Date

Daytime Phone #