


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 728701 1. Entity Name CROSSROADS YACHT CLUB, INC.		
Principal Place of Business 815 COLORADO AVE. P.O. BOX 2255 STUART, FL 34995	Mailing Address 815 COLORADO AVE. P.O. BOX 2255 STUART, FL 34995	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RICKENBACK, THOMAS 3754 S. E. FAIRWAY EAST STUART, FL 34997		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C CHAPMAN, BERRY 4174 SE CENTERBOARD LANE STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C BRAND, WILLIAM A 4 EAST HIGH POINT RD. SEWALL'S POINT, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SHERDEN, ARTHUR F 1130 CHAPMAN WAY #501 PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GOUARD, JAMES H 3901 SE ST LUCIE BLVD STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST RICKENBACK, THOMAS 3754 SE FAIRWAY EAST STUART, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V BRODERICK, WILLIAM H 44 RIO VISTA DRIVE SEWALL'S POINT, FL 34996	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Rickenback</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>RICKENBACK</u> Date <u>1/13/05</u> 772 <u>287-1177</u> Day/Time Phone #



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0370920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

00000242386
02/24/05-80085-015 61.25

**DO NOT WRITE
IN THIS SPACE**