

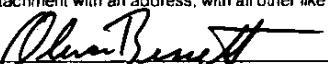


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90017 022 \*\*\*\*61.25

<b>DOCUMENT # 728701</b> 1. Entity Name <b>CROSSROADS YACHT CLUB, INC.</b>					
Principal Place of Business <b>815 COLORADO AVE. P.O. BOX 2255 STUART, FL 34995</b>			Mailing Address <b>815 COLORADO AVE. P.O. BOX 2255 STUART, FL 34995</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RICKENBACK, THOMAS 3754 S. E. FAIRWAY EAST STUART, FL 34997</b>				Name <b>OLIVER BESSETTE</b> Street Address (P.O. Box Number is Not Acceptable) — <b>1550 NE OCEAN BLVD</b> <b>APT A207</b> City <b>STUART</b> <b>FL</b> Zip Code <b>34996</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHAPMAN, BERRY</b>		NAME		
STREET ADDRESS	<b>4174 SE CENTERBOARD LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 34997</b>		CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRAND, WILLIAM A</b>		NAME		
STREET ADDRESS	<b>4 EAST HIGH POINT RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEWALL'S POINT, FL 34996</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHERDEN, ARTHUR F</b>		NAME	<b>1106 SW SHORELINE DR. #123</b>	
STREET ADDRESS	<b>1130 CHAPMAN WAY #501</b>		STREET ADDRESS	<b>PALM CITY FL 34990</b>	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GOUARD, JAMES H</b>		NAME	<b>S/T/O</b>	
STREET ADDRESS	<b>3901 SE ST LUCIE BLVD</b>		STREET ADDRESS	<b>BESETTE, OLIVER</b>	
CITY-ST-ZIP	<b>STUART, FL 34997</b>		STREET ADDRESS	<b>1550 NE OCEAN BLVD APT A207</b>	
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICKENBACK, THOMAS</b>		NAME	<b>P</b>	
STREET ADDRESS	<b>3754 SE FAIRWAY EAST</b>		STREET ADDRESS	<b>RICKENBACK, THOMAS</b>	
CITY-ST-ZIP	<b>STUART, FL</b>		STREET ADDRESS	<b>3754 SE FAIRWAY EAST</b>	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRODERICK, WILLIAM H</b>		NAME		
STREET ADDRESS	<b>44 RIO VISTA DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEWALL'S POINT, FL 34996</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  <b>OLIVER BESETTE</b>			2/15/06 772-225-7891		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

see page 2

BLOCK 11 (CONT.)

ATTACHMENT

Page 2

<sup>C</sup>  
# SHAW, STEPHEN      40016379  
152 SE HARBOR PT. DRIVE      #728701  
STUART, FL 34996

D  
AMSLER, WILLIAM  
3 SIMARA ST.  
SEWALL'S POINT, FL 34996

D  
HESSER, E. GRANT  
1211 SW SHORELINE DRIVE APT #2209  
PALM CITY, FL 34990

D  
DONAHUE, JOSEPH  
3901 SE ST. LUCIE BLVD #34  
STUART, FL 34997

D  
GUTHERZ, JOSEPH  
3901 SE ST. LUCIE BLVD #48  
STUART, FL 34997

D  
RANDALL, ROBERT  
5353 W. ANHINGA LANE  
PALM CITY, FL 34990

D  
BARTLETT, JOHN  
3 ST. LUCIE CT.  
SEWALL'S POINT, FL 34996

D  
THIELE, ROGER  
6720 WINGED FOOT DRIVE  
STUART, FL 34997