

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

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90018 030 \*\*\*\*61.25

**DOCUMENT # 729890**

1. Entity Name

**PORT SEWALL HARBOR AND TENNIS CLUB OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 1733  
PORT SALERNO FL 34992  
US

Mailing Address

P.O. BOX 1733  
PORT SALERNO FL 34992  
US

00002071



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2403363**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EARLEY BONAN, ROSS PA  
759 S FEDERAL HWY  
STE 212  
STUART FL 34994**

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

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, 2006**

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

TITLE PD ☐ Delete  
NAME PIERCE, STEPHEN  
STREET ADDRESS 3909 SE QUANSET TERRACE  
CITY-ST-ZIP STUART FL 34997

TITLE TD ☐ Delete  
NAME CORCORAN, LESLIE  
STREET ADDRESS 3013 SE QUANSET TERRACE  
CITY-ST-ZIP STUART FL 34997

TITLE CSD ☐ Delete  
NAME CANESE, BARBARA  
STREET ADDRESS 3060 SW FALMOUTH DR  
CITY-ST-ZIP STUART FL 34997

TITLE VD ☐ Delete  
NAME DEPOLO, DONALD  
STREET ADDRESS 3561 SE MICANOPY TERRACE  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME JEANINETYNER  
STREET ADDRESS 2976 SE GLASGOW DR NE  
CITY-ST-ZIP STUART, FL 34997

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 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: *Steve Pierce* STEVE PIERSE 2/15/06 772-288-3679