


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90061 026 \*\*\*\*61.25

**DOCUMENT # 730223**  
 1. Entity Name  
**SOUNDINGS YACHT AND TENNIS CLUB, INC.**



Principal Place of Business  
**10301 S.E. SOUNDINGS DRIVE  
 HOBE SOUND, FL 33475-1790**

Mailing Address  
**10301 S.E. SOUNDINGS DRIVE  
 P.O. BOX 1790  
 HOBE SOUND, FL 33475-1790**

DUU11001



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

01202006 Chg-NP CR2E037 (11/05)

City & State City & State

4. FEI Number  
**59-1651162**

Applied For  
 Not Applicable

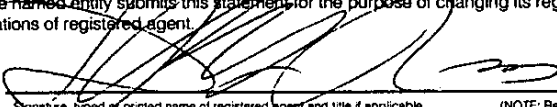
Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~BARFIELD, WILLIAM VC  
 8865 SE HARBOR ISL. WAY  
 HOBE SOUND, FL 33455~~

7. Name and Address of New Registered Agent  
 Name **Deborah Ross**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**759 So. Federal Hwy, Suite 212**  
 City **STUART** FL Zip Code **34994**

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 **1/27/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	COM <del>GORDON, DARRELL</del> 9027 SE STAR ISL. WAY HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <del>GRANDY, RICHARD</del> 9448 SE STAR ISLAND WAY HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC HARRIS, JEFF 9167 SE HARBOR ISLAND WAY HOBE SOUND, FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>STEELE, WILLIAM</del> 8631 SE SOUNDINGS PLACE HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>SCHOBELOCK, LAURA</del> 9427 SE STAR ISLAND WAY HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commodore Beverly Ramsey 10466 SE SAILFISH CIRCLE HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC William Steele 8631 SE SOUNDINGS PL. HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURIE Schobelock 9127 SE STAR ISLAND WAY HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Richey 8848 SE STAR ISLAND WAY HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Beverly Ramsey Beverly Ramsey Date: 01/23/06 Daytime Phone #: 546-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR