


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90030 004 ****61.25

DOCUMENT # 735203 1. Entity Name ISLES YACHT CLUB, INC.					
Principal Place of Business 1780 W MARION AVE PUNTA GORDA, FL 33950 US			Mailing Address 1780 W MARION AVE PUNTA GORDA, FL 33950 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			07212005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-1673859
			5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent EMERICH, GUY S. 115 E. OLYMPIA AVENUE PUNTA GORDA, FL 33950			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAWSON, FRED 434 VIA CINTIA PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STARSMAN, RAY 1218 SAN MATAEO PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BIRCH, ELEANOR 761 VIA ESPLANADE PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Birch, Brian 761 Via Esplanade Punta Gorda FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEWART, LARRY 1135 SOCORRO DR PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO <input type="checkbox"/> Delete HITTON, EDMUND T 2150 CHARLOTTE AMALIE CT. PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete EICHMAN, GEORGE 10 TROPICANA DR PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Janet M Thomas 250 Lido Drive Punta Gorda FL 33950	
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: <i>RE Starsman</i>			Ray Starsman		8-25-05 941-639-1369
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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