2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738083

FILED Apr 06, 2006 Secretary of State

Entity Name: TITUSVILLE SAILING CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

10 A. MAX BREWER MEMORIAL PKWY. TITUSVILLE, FL 32796

Current Mailing Address: New Mailing Address:

P.O. BOX 6246 NA TITUSVILLE, FL 327826246

FEI Number: 59-2927552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALDES, FRANK
5155 KIRKWOOD
TITUSVILLE, FL 32780 US

KETTERER, KIRK
650 LAKEWOOD LN
TITUSVILLE, FL 32780 US

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.

SIGNATURE: KIRK KETTERER 04/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 SEELEY, DOUGHLAS
 Name:
 KETTERER, KIRK

 Address:
 1870 KNOX MCRAE,# 201
 Address:
 650 LAKEWOOD LN

 City-St-Zip:
 TITUSVILLE, FL 32780
 TITUSVILLE, FL 32780

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} Title: VD (X) Change () Addition$

 Name:
 KETTER, KIRK
 Name:
 ANDROS, KAREN

 Address:
 650 LAKEWOOD LN.
 Address:
 4605 ASHLEY DR.

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:
 TITUSVILLE, FL 32780

Title: V () Delete Title: () Change () Addition

 Name:
 COPELAND, RICKY
 Name:

 Address:
 1745 FIGTREE DR.
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:

 Name:
 HOWARD, WILLIAM G
 Name:

 Address:
 551 S BREVARD AVE
 Address:

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 DEBORAH, TOMKINSON
 Name:

 Address:
 660 ORA DELL AVE
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32796
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G HOWARD, JR T 04/06/2006