2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90087 003 ****61.25

DOCUMENT # 741940

1. Entity Name
EVERGLADES CITY CLUB LODGE AND VILLAS, INC.

Principal Place of Business	Mailing Address
102 E. BROADWAY P.O. BOX 530 EVERGLADES CITY, FL 34139 US	102 E. BROADWAY P.O. BOX 530 EVERGLADES CITY, FL 34139 US

03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0079819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CULL, WILLIAM J
9621 NW 28TH ST.
HOLLYWOOD, FL 33024

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 _____ DATE
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CULL, WILLIAM 9621 NW 28TH ST HOLLYWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President (VP) William LaPlant 102 E. Broadway #409 Box 202 Everglades City, Fl 34139	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TUCKER, GLENN 950 N COLLIER BLVD, STE 204 MARCO ISLAND, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (D) Tucker, Glenn 950 N Collier Blvd, Ste 204 Marco Island, Fl 34146	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLOUGH, CARTER 9631 N.W. 28TH ST. HOLLYWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (D) Michael Holmes 102 E. Broadway #421 Box 609 Everglades City, Fl 34139	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEBB, JOHN 1350 PELHAM RD. WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (D) Soren Larsen 102 E. Broadway # 300 Box 530 Everglades City, Fl 34139	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MITOFF, SUSAN 102 E. BROADWAY UNIT 408 EVERGLADES, FL 33929	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE, DAVID 102 E BROADWAY, UNIT 207 EVERGLADES CITY, FL 33929	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: John A. Webb 4/3/06 407 647-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #