


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

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90014 002 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # 741951</b><br>1. Entity Name<br><b>FUTURA YACHT CLUB HOMEOWNERS' ASSOCIATION, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>88540 OVERSEAS HWY<br/>TAVERNIER FL 33070</b>   |  | Mailing Address<br><b>88540 OVERSEAS HWY<br/>TAVERNIER FL 33070</b>                 |   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>59-2642818</b>  |  |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MULICK, NICHOLAS W PA<br/>91645 OVERSEAS HWY<br/>TAVERNIER FL 33070</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>JOHNSON, DON<br>88540 OVERSEAS HWY #112<br>TAVERNIER FL 33070       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>TADIAN, ASHER<br>88540 OVERSEAS HWY #129<br>TAVERNIER FL 33070      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRENDA, JOSEPH<br>88540 OVERSEAS HWY. #109<br>TAVERNIER, FL 33070<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>MCLAUGHLIN, ROBERT<br>88540 OVERSEAS HWY #125<br>TAVERNIER FL 33070 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | BLAKE, JOHN<br>88540 OVERSEAS HWY. #107<br>TAVERNIER, FL 33070<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SKEEL, ROBERT<br>88540 OVERSEAS HWY #301<br>TAVERNIER FL 33070      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCHULMAN, MARK<br>88540 HWY #603<br>TAVERNIER FL 33070              | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | BIVP<br>MAGEE, DAVID<br>88540 OVERSEAS HWY. #306<br>TAVERNIER, FL 33070<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SENTRYZ, JIM<br>88540 OVERSEAS HIGHWAY<br>TAVERNIER FL 33070        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** Joseph Link 2-1-06 305-853-0530