




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90240 011 ****61.25

DOCUMENT # 744330			
1. Entity Name HERNANDO BEACH YACHT CLUB, INC.			
Principal Place of Business 4163 SHOAL LINE BLVD. HERNANDO BEACH, FL 34607 US		Mailing Address POST OFFICE BOX 3213 SPRING HILL, FL 34611-3213 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TODMAN, DERREL E 2455 DUSTIN CIRCLE SPRING HILL, FL 34608		Name JOHNSON, DONALD T. Street Address (P.O. Box Number is Not Acceptable) 7496 HEATHERWALK DR City WEEKI WACHEE FL Zip Code 34613	
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  Signature, typed or printed name of registered agent and title (Applicable) DONALD T. JOHNSON, TREASURER		DATE 1-10-06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	VCD HINSON, RONALD 7450 GLASGOW ROAD WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Delete COSENZA, SALLY A 14116 INDIGO STREET SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GREGORY FLEY 1110 TYLER ST SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR <input checked="" type="checkbox"/> Delete MARTINSEN, GAIL 18544 LILY DRIVE HUDSON, FL 34667	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SILVIA DUKES 4234 CAMELIA DR HERNANDO BEACH, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete TODMAN, DERREL E 2455 DUSTIN CIRCLE SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONALD T. JOHNSON 7496 HEATHERWALK DR WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTR <input type="checkbox"/> Delete QUATTRO, JOYCE 8244 SOUTH TRANQUIL DRIVE SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DONALD T. JOHNSON, TREASURER		DATE 1-10-06 Daytime Phone #	

