


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 043 ****61.25

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|---|---|---|--|--|--|
| DOCUMENT # 745490 1. Entity Name SUN COAST YACHT CLUB, INC. | | | |  | |
| Principal Place of Business 1661 RINGLING BLVD. P O BOX 82 SARASOTA FL 34230 | | | Mailing Address 1661 RINGLING BLVD. P O BOX 82 SARASOTA FL 34230 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2669866 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BREAUX, MARY M 4107 1219TH ST. WEST CORTEZ FL 34215 | | | | 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 <u>Mary M Breaux</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 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 | DC DIETCH, LOENARD 450 GULF OF MEXICO DR. #B301 LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC BREAUX, MARY M 4107 123TH ST. WEST CORTEZ FL 34215 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID <input type="checkbox"/> Change <input type="checkbox"/> Addit | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD BARACH, HOWARD 4891 SABAL LAKE CIR. SARASOTA FL 34238 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC <input type="checkbox"/> Change <input type="checkbox"/> Addit | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DRAKE, SUZANNE 5821 RIEGEL HARBOR RD. SARASOTA FL 34242 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit Chris Drake 5821 Riegel Harbor Dr Sarasota, FL 34242 | | |
| 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"/> Addit | | |
| 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"/> Addit | | |
| 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, changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Mary M Breaux</u> MARY M. BREAU 941-761-9314 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |