2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

DOCUMENT # 750423 1. Entity Name WINDJAMMER YACHT CLUB, INC.						03-22-2006	•		
Principal Place of Business WINDJAMMER YACHT CLUB INC. 1850 PALM CITY ROAD STUART, FL 34994 US		Mailing Address WINDJAMMER YACHT CLI 1850 PALM CITY ROAD STUART, FL 34994	UB INC. US						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162006	Chg-NP	CR2E037 (11/05)	
City & State		City & State			4. FEI Numbe 59-1960			· · · · · ·	lied For Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate	of Status Desired	□ \$8 Fee	.75 Addit Required	tional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
BOSTON, BRUCE COM 1864 SW PALM CITY RD.				Name Kose Hollis Street Address (P.O. Box Number is Not Acceptable) 1868 5. w. Palm City Ra # 205					
#105 STUART, FL 34994			-	18108	5.w. (/a	IM City	KA #	305	
0.07.00.11.12.0.000				City Stu	Stuart 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 Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent						3.20-	ماه		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	Agent signature require	d when reinstating)		DATE		
	Signature typed or printed name of registered agents Filling Fee is \$61.25 Due by May 1, 2006	nd title if applicable. (NOTE: 9. Election Carm Trust Fund Co	paign Fir	nancing on.	\$5.00 May B Added to Fees	Flor	lake check pa ida Departme	ent of Sta	ıte
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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.

SIGNAT	URF:
	OIVE.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20-06 772 223-9619

Daytime Phone #