

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

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90003 003 ****61.25

DOCUMENT # 756514

1. Entity Name

TAVARES BOATING CLUB, INC.



Principal Place of Business

1805 TWEED TERRACE
LEESBURG FL 34788

Mailing Address

1805 TWEED TERRACE
LEESBURG FL 34788
US

2. Principal Place of Business

3323 MANATEE RD

Suite, Apt. #, etc.

3. Mailing Address

3323 MANATEE RD

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

4. FEI Number

59-2366949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNGBLOOD, CHARLES
1805 TWEED TERR
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name **OELKE, LLOYD**

Street Address (P.O. Box Number is Not Acceptable)

3323 MANATEE RD

City **TAVARES**

FL

Zip Code

32778

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 if applicable

(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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OELKE, LLOYD
STREET ADDRESS 3323 MANATEE RD
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ Delete
NAME MAHNKEN, MARILYN
STREET ADDRESS 35219 HAINES CREEK RD
CITY-ST-ZIP LEESBURG FL 34788

TITLE TD ☐ Delete
NAME OELKE, LOIS
STREET ADDRESS 3323 MANATEE RD
CITY-ST-ZIP TAVARES FL 32778

TITLE SD ☐ Delete
NAME GOODKIN, JOANNE
STREET ADDRESS 102 FORREST DR
CITY-ST-ZIP LEESBURG FL 34788

TITLE VD ☐ Delete
NAME ARMSTRONG, DICK
STREET ADDRESS 6057 DORY WAY
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ Delete
NAME MAHNKEN, DAVID
STREET ADDRESS 35219 HAINES CREEK RD
CITY-ST-ZIP LEESBURG FL 34788

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD - ARMSTRONG, DICK ☒ Change ☐ Addition
NAME
STREET ADDRESS 6057 DORY WAY
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Callahan, JoAnn ☒ Change ☐ Addition
NAME
STREET ADDRESS 11034 Riverside Rd
CITY-ST-ZIP Leesburg FL 34788

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Goodkin, Saul ☒ Change ☐ Addition
NAME
STREET ADDRESS 102 Forrest Dr
CITY-ST-ZIP Leesburg FL 34788

TITLE D Oelke, Lloyd ☒ Change ☐ Addition
NAME
STREET ADDRESS 3323 Manatee Rd
CITY-ST-ZIP TAVARES FL

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 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05 354-253-0887

Date

Daytime Phone #