

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

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90049 004 \*\*\*\*61.25

**DOCUMENT # 756514**

1. Entity Name

TAVARES BOATING CLUB, INC.



Principal Place of Business

3323 MANATEE RD  
TAVARES FL 32778

Mailing Address

3323 MANATEE RD  
TAVARES FL 32778  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

OELKE, LLOYD  
3323 MANATEE RD  
TAVARES FL 32778

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

*Lloyd Oelke Director*

*Lloyd Oelke*

*1-21-06*

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, 2006**

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 ARMSTRONG, DICK  
STREET ADDRESS 6057 DORY WAY  
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 CALLAHAN, JOANN  
STREET ADDRESS 11024 RIVERSIDE RD  
CITY- ST- ZIP LEESBURG FL 34788

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

TITLE VD ☒ Delete  
NAME GOODKIN, SAUL  
STREET ADDRESS 102 FORREST DR  
CITY- ST- ZIP LEESBURG FL 34788

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☒ Change ☐ Addition  
NAME EVERLYN GREENE  
STREET ADDRESS 34408 CRYSTAL PREEZE LN  
CITY- ST- ZIP LEESBURG, FL 34788

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

TITLE SD ☒ Change ☐ Addition  
NAME AGGIE THERRIEN  
STREET ADDRESS 12443 BLUE HERON WAY  
CITY- ST- ZIP LEESBURG, FL 34788

TITLE VD ☒ Change ☐ Addition  
NAME MARILYN MAHNKEN  
STREET ADDRESS 35219 HAINES CREEK RD  
CITY- ST- ZIP LEESBURG, FL 34788

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

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: *Lloyd Oelke* *Lloyd Oelke* - *Lloyd Oelke* - *1-21-06* *352-146-9169*