

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90249 039 ****61.25

DOCUMENT # 760256	
1. Entity Name MARINER POINT YACHT CLUB, INC.	

Principal Place of Business 5015 MARINERS POINT DRIVE JACKSONVILLE, FL 32225	Mailing Address 5015 MARINERS POINT DRIVE JACKSONVILLE, FL 32225
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2201914		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	
JOHN, BRUNDAGE 5046 MARINER PT DR JACKSONVILLE, FL 32225		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WILLIAMS, DENNIS R 11715 SEAWARD COURT JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V. GERALD DOWLESS 11732 ALEXANDER CT JACKSONVILLE, FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KURTZ, BASCOM 4941 MARINER POINT DRIVE JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE JOHNSON 11765 SEAVIEW DR. JACKSONVILLE, FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D IMHOFF, DAVID 4952 WHITE BLUFF DRIVE JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRUNDAGE, JOHN 5046 MARINER PT DR JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIABARASI, PHILLIP 11728 SEAVIEW DRIVE JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLINGHAM, MARK 4839 MARINER POINT DRIVE JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 *John Brundage* 1/12/06 904-655-8591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #