


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

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762936</b>			
1. Entity Name <b>HARBOUR SIDE YACHT CLUB, INC.</b>			
Principal Place of Business <b>2021 LAS RAMBLAS VERO BEACH FL 32963</b>		Mailing Address <b>2021 LAS RAMBLAS VERO BEACH FL 32963</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>59-2355533</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PETERS, ROBERT M 2021 LAS RAMBLAS VERO BEACH FL 32963</b>		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		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>KOEGEL, WILLIAM</b>	NAME	
STREET ADDRESS	<b>1865 BAY RD # 310</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>LIGUORI, DAN</b>	NAME	
STREET ADDRESS	<b>1001 BAY RD 210 C</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>DAVIDSON, ROBERT</b>	NAME	
STREET ADDRESS	<b>2185 VIA FUENTES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>PIERCE, WAYNE</b>	NAME	
STREET ADDRESS	<b>2115 PORPOISE PT LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>PETERS, ROBERT</b>	NAME	
STREET ADDRESS	<b>2021 LAS RAMBLAS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>STODDARD, WILLIAM</b>	NAME	
STREET ADDRESS	<b>1945 SURFSIDE TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

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02/18/06-80080-019 61.25

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.

check # 1115  
**SIGNATURE: Robert M Peters** **Robert M Peters** **2006** **JAN 31** **770-** **234-** **8920**