

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90023 031 \*\*\*\*61.25

**DOCUMENT # 767881**

1. Entity Name  
**THE BIRD KEY YACHT CLUB FOUNDATION FUND, INC.**



Principal Place of Business  
**301 BIRD KEY DRIVE  
SARASOTA, FL 34236**

Mailing Address  
**301 BIRD KEY DR.  
SARASOTA, FL 34236 US**

**60022844**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2411166**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**EDWARDS, ROBERT B  
301 BIRD KEY DRIVE  
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☒ Delete  
NAME BERKELY, JOE  
STREET ADDRESS 700 JOHN RINGLING BLVD, #25-D  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE P/T ☐ Change ☒ Addition  
NAME Roswell E. Round, Jr.  
STREET ADDRESS 335 Bob White Way  
CITY-ST-ZIP Sarasota, FL 34236

TITLE T ☒ Delete  
NAME COOPER, C. MARTIN  
STREET ADDRESS 3140 BAYOU SOUND  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE V/T ☐ Change ☒ Addition  
NAME Ronald R. Morris  
STREET ADDRESS 639 Mourning Dove Dr.  
CITY-ST-ZIP Sarasota, FL 34236

TITLE ST ☐ Delete  
NAME ARMITAGE, SANDRA B  
STREET ADDRESS 555 S GULFSTREAM AVE, #901  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE J. ☐ Change ☒ Addition  
NAME J. Barry Thomson  
STREET ADDRESS 1527 Peregrine Point Dr.  
CITY-ST-ZIP Sarasota, FL 34231

TITLE T ☐ Delete  
NAME HEROD, PAULA E  
STREET ADDRESS 1750 BEN FRANKLIN DR APT 10-D  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE T ☐ Change ☒ Addition  
NAME Raymond C. Grills  
STREET ADDRESS 1301 N. Tamiami Tr., #214  
CITY-ST-ZIP Sarasota, FL 34236

TITLE TT ☐ Delete  
NAME STANFORD, WILLIAM A  
STREET ADDRESS 450 MEADOW LARK LN  
CITY-ST-ZIP SARASOTA, FL 34236

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

TITLE T ☐ Delete  
NAME SCHAEFER, RICHARD H  
STREET ADDRESS 551 HARBOR COVE CIRCLE  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William A.  
STANFORD**

**3-23-06**

Date

Daytime Phone #

**941-  
366-9580**