2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# 768059

Entity Name: CITRUS SEA SERVICES CLUB 186, INCORPORATED

Current Principal Place of Business:

3962 N. ROSCOE ROAD
P.O. BOX 811
HERNANDO, FL 34442 US

New Principal Place of Business:

1039 NORTH PAUL DRIVE
INVERNESS, FL 34453 US

Current Mailing Address:

3962 N. ROSCOE ROAD
P.O. BOX 811
HERNANDO, FL 34442 US

New Mailing Address:

P. O. BOX 811
HERNANDO, FL 34442 US

FEI Number: 59-2005700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOROTHY MAYHEW
605 S MULBERRY PT
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DOROTHY MAYHEW,	
Address:	605 S MULBERRY PT	
City-St-Zip:	INVERNESS, FL 34450	
Title:	S	( ) Delete
Name:	HUSCHER, ROBERT W	
Address:	310 VASSER STREET	
City-St-Zip:	INVERNESS, FL 34452	
Title:	TD	( ) Delete
Name:	DELFKAISSE, JAMES L	
Address:	9797 SW 89TH LOOP	
City-St-Zip:	OCALA, FL 34481	
Title:	D	( ) Delete
Name:	COUGHREY, FRANCIS	
Address:	508 CABOT ST	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	WOODS, ROBERT E	
Address:	9297 D SW 90TH CT	
City-St-Zip:	OCALA, FL 344841	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	DELFRAISSE, JAMES L	
Address:	9797 SW 89TH LOOP	
City-St-Zip:	OCALA, FL 34481	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. DELFRAISSE T/D 02/05/2007

Electronic Signature of Signing Officer or Director — Date