


# 2906 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

|  |  |         |   |  |  |
|--|--|---------|---|--|--|
| <b>DOCUMENT # J84978</b><br>1. Entity Name<br><b>YACHTING CLUB OF AMERICA, INC.</b>  |  |         |   |   |  |
| Principal Place of Business<br><b>601 ELKCAM CIRCLE<br/>MARCO ISLAND FL 34146<br/>US</b>   |  |         | Mailing Address<br><b>P.O. BOX 1040<br/>MARCO FL 34146<br/>US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                         |  |  |
| City & State   |  |         | City & State  |  |  |
| Zip  |  | Country |   | Zip  |  |
| Country  |  | Country |   | 4. FEI Number <b>65-0052337</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |         |   | Applied For <input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MARTINDELL, DAVID J.<br/>580 CONOVER COURT<br/>MARCO ISLAND FL 34145</b>   |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____   |  |         |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |         |   |  |  |
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Added to Fees</b>  |  |         |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>MARTINDELL, DAVID<br>580 CONOVER COURT<br>MARCO FL |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | U00000427213<br>02/20/06-80074-014 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0052337** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Added to Fees**

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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 607, 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:** DAVID J. MARTINDELL **2/6/06** **(239)642-4444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #