2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2006 08:00 AN DOCUMENT # K99972 **Secretary of State** 1. Entity Name SEA OAKS YACHT CLUB, INC. Principal Place of Business Mailing Address 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERÓ BEACH, FL 32963 VERO BEACH, FL 32963 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0136461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BRION, JACQUES** DO NOT WRITE 1235 WINDING OAKS CIR VERO BEACH, FL 32963 IN THIS SPACE 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 tide if applicable. (NOTE Registered Agent signature regulied when reinstating) UQ00000531846 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/06/06-80060-022 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE BRION, JACQUES NAME 1235 WINDING OAKS CIRCLE EAST STREET ADDRESS City-St-ZiP VERO BEACH, FL 32963 TITLE BONNET, ERIC 1235 WINDING OAKS CIRCLE EAST STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

BONNET 5Nic PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #