## 2006 NOT-FOR-PROFIT CORPORATION

## FILED Jan 18, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N01000002463 01-18-2006 90027 014 \*\*\*\*61.25 MIAMI TRACT HUNT CLUB INC. Principal Place of Business Mailing Address 1721 ROYAL PALM DR. 1721 ROYAL PALM DR. EDGEWATER, FL 32132 EDGEWATER, FL 32132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E037 (11/05) City & State City & State 4. FEI Number 59-3717332 Applied For Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, MICHAEL L 1721 ROYAL PALM DR. Street Address (P.O. Box Number is Not Acceptable) EDGEWATER, FL 32132 City 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D TITLE Delete ☐ Addition THOMAS, MICHAEL L NAME 1721 ROYAL PALM DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32132 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MYERS, DAVID NAME 3697 GLENN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIMS, FL 32754 CiTY-ST-7IP TITLE Delete TITLE Change Addition NAME WYRICK, COURT NAME 704 Edgewoter Dr. STREET ADDRESS 3031 ORANGE TREE DR STREET ADDRESS *32*/32 EDGEWATER, FL 32141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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. - President - Mkmi Track HUNY Club INE

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

10-06