2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2006 8:00 am Secretary of State DOCUMENT # N03000000861 1. Entity Name 03-03-2006 90121 029 \*\*\*\*61.25 TWELVE POINT HUNT CLUB, INC. Principal Place of Business Mailing Address 5025 MIDNIGHT LANE 5025 MIDNIGHT LANE SARASOTA FL 34235 SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address 3828 FERGUSON ST. 3828 FERGUSON ST Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For SARASOTI 55-0855878 Not Applicable \$8.75 Additional u's 5. Certificate of Status Desired 342 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, ROBERT E Street Address (P.O. Box Number is Not Acceptable) **5025 MIDNIGHT LANE** SARASOTA FL 34235 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. PRESIDENT TITLE ☐ Delete TITLE SMITH, ROBERT E SMITH, ROBERT E NAME NAME FERGUSON ST 5025 MIDNIGHT LANE STREET ADDRESS STREET ADDRESS 3828 CITY-ST-7IP SARASOTA FL 34235 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SMITH, ELMER E MARKE MARKE STREET ADDRESS 3828 FERGUSON STREET STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 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 ampowered. SIGNATURE: