

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 031 ****61.25

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1. Entity Name
PORT ST. LUCIE YACHT CLUB, INC.



Principal Place of Business
**500 E. PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983**

Mailing Address
**500 E. PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983**

2. Principal Place of Business

3. Mailing Address

**N/A - CLUBHOUSE BURNED
MEETINGS ARE ROTATED
FROM PLACE TO PLACE**

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

03012006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1312870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEDGEcock, MARGARET L
158 NW BAILEY LEE LANE
PORT SAINT LUCIE, FL 34986**

7. Name and Address of New Registered Agent

Name
WAYNE HABERMEHL

Street Address (P.O. Box Number is Not Acceptable)
511 SW BANKS TERRACE

City
PORT ST LUCIE

FL

Zip Code
34953

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

R. Wayne Habermehl

R. WAYNE HABERMEHL

3/29/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
GORDON, ROBERT
405 GASPARILLA AVE.
PORT SAINT LUCIE, FL 34983** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
NEWELL, JOHN B
127 NW AVENS ST
PORT SAINT LUCIE, FL 34983** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HEDGEcock, MARGARET L
158 NW BAILEY LEE LANE
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TRUMP, LILA
619 SE CALMOSO DR.
PORT ST LUCIE, FL 34983** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FC
HEDGEcock, DAVID W
158 NW BAILEY LEE LANE
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ELAINE OSTRANDER
7961 HORNED LARK CIRCLE
PORT ST LUCIE, FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
WILLIAM
WILLIAM WOOLLETT
649 NE HORIZON LANE
PORT ST LUCIE, FL 34983** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MARGARET HEDGEcock
2801 SE RAWLINGS RD
PORT ST LUCIE, FL 34952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WAYNE HABERMEHL
511 SW BANKS TERRACE
PORT ST LUCIE, FL 34953** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FC
DAVID HEDGEcock
2801 SE RAWLINGS RD
PORT ST LUCIE, FL 34952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RC
TOM SINAGRA
357 SE VERADA AVE.
PORT ST LUCIE, FL 34983** ☐ Change ☐ Addition

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 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 empowered.

SIGNATURE:

Margaret L Hedgecock
MARGARET L HEDGEcock

4/7/06

772-337-4062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #