

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90200 029 ****61.25

DOCUMENT # N03000009027

1. Entity Name
EAA CHAPTER 692 OF STUART, FL, INC.



Principal Place of Business
P.O. BOX 3017
STUART, FL 34995-3017

Mailing Address
P.O. BOX 3017
STUART, FL 34995-3017

40055440



03202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, NANCY
865 SE FESTIVO COURT
PORT ST. LUCIE, FL 34983

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BENNETT, BOB
STREET ADDRESS	524 N.E. SIERRA WAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	P
NAME	D'ARCY, ED
STREET ADDRESS	620 SW SALERNO ROAD
CITY-ST-ZIP	STUART, FL 34997
TITLE	S
NAME	STEWART, NANCY
STREET ADDRESS	865 SE FESTIVO CORUT
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	T
NAME	LIVINGSTON, ELIZABETH
STREET ADDRESS	406 W WHITNEY DRIVE
CITY-ST-ZIP	JUPITER, FL 34958
TITLE	
NAME	Livingston, Dan
STREET ADDRESS	406 W. Whitney Dr.
CITY-ST-ZIP	Jupiter FL 34958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ed D Arcy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06

Date

772-349-0609

Daytime Phone #