# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2005**
**Secretary of State**

DOCUMENT# N03889

**Entity Name:** THE PIRATE HARBOR YACHT CLUB, INC.

**Current Principal Place of Business:**

24180 TREASURE ISLAND BLVD.
PUNTA GORDA, FL 33955 US

**New Principal Place of Business:**

**Current Mailing Address:**

LYNN WOODS
24180 TREASURE ISLAND BLVD.
PUNTA GORDA, FL 33955 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, LYNN
24180 TREASURE ISLAND BLVD.
PUNTA GORDA, FL 33055 US

**Name and Address of New Registered Agent:**

WOODS, LYNN
24180 TREASURE ISLAND BLVD.
PUNTA GORDA, FL 33955 US

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.

SIGNATURE: _____ 02/05/2005
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | COMM | ( ) Delete |
| Name: | WOODS, DENNIS E | |
| Address: | 24180 TREASURE ISLAND BLVD. | |
| City-St-Zip: | PUNTA GORDA, FL 33955 | |
| Title: | VCOM | ( ) Delete |
| Name: | DIMUZIO, ROBERT G | |
| Address: | 24170 TREASURE ISLAND BLVD. | |
| City-St-Zip: | PUNTA GORDA, FL 33955 | |
| Title: | TRS | ( ) Delete |
| Name: | WOODS, LYNN | |
| Address: | 24180 TREASURE ISLAND BLVD. | |
| City-St-Zip: | PUNTA GORDA, FL 33955 | |
| Title: | SEC | ( ) Delete |
| Name: | MEERSMAN, EVELYN | |
| Address: | 24288 TREASURE ISLAND BLVD | |
| City-St-Zip: | PUNTA GORDA, FL 33955 | |
| Title: | DIR. | ( ) Delete |
| Name: | DEMAISON, RAY | |
| Address: | 24300 HENRY MORGAN BLVD | |
| City-St-Zip: | PUNTA GORDA, FL 33955 | |
| Title: | DIR. | ( ) Delete |
| Name: | SCHINDLER, ROLAND R | |
| Address: | 24201 CAPTAIN KIDD BLVD. | |
| City-St-Zip: | PUNTA GORDA, FL 33955 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN WOODS TRS 02/05/2005
Electronic Signature of Signing Officer or Director — Date