

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001880

1. Entity Name
TWIN LAKES R/C BOAT CLUB, INC.



Principal Place of Business
**26 PAUL RENE DR.
MELBOURNE, FL 32904**

Mailing Address
**26 PAUL RENE DR.
MELBOURNE, FL 32904**



02252006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
55-0879212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REED, DON
26 PAUL RENE DR.
MELBOURNE, FL 32904**

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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 re/instating)

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	P
NAME	REED, DON
STREET ADDRESS	26 PAUL RENE DR.
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	V
NAME	KILLIAN, DALE
STREET ADDRESS	1530 WILMAR AVE.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	ST
NAME	DELVEY, LEONARD V
STREET ADDRESS	6450 ABISCO
CITY-ST-ZIP	PORT ST JOHNS, FL 32929
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80040-009 61.25

**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:

Donald O Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06

Date

Daytime Phone #