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Secretary of State
04-28-2005 90149 014 ****61.25

4/28

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010445

1. Entity Name
ONE WATERMARK YACHT CLUB, INC.

66022793

Principal Place of Business	Mailing Address
11631 KEW GARDENS AVE PALM BEACH GARDENS, FL 33410	11631 KEW GARDENS AVE PALM BEACH GARDENS, FL 33410

01312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2177602 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN
24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when submitting)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRASINGTON, CHARLES 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BRASINGTON, CHARLES E. 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, STEVE 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILSON, STEVE 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOLAHAN, JOHN 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COOLAHAN, JOHN 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KEITH, SYLVIA 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sylvia Keith SYLVIA KEITH 4/28/05 813-642-1454

Signature and Typed or Printed Name of Individual Officer or Director — Date — Daytime Phone #