


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90104 023 ****61.25

| | | | | | |
|--|-------------------------------------|---|--|---|--|
| DOCUMENT # N04000010445 1. Entity Name ONE WATERMARK YACHT CLUB, INC. | | | |  | |
| Principal Place of Business 11631 KEW GARDENS AVE PALM BEACH GARDENS, FL 33410 | | | Mailing Address 11631 KEW GARDENS AVE PALM BEACH GARDENS, FL 33410 | | |
| 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 <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DVP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRASINGTON, CHARLES | | NAME | | |
| STREET ADDRESS | 24301 WALDEN CENTER DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | DP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILSON, STEVE | | NAME | | |
| STREET ADDRESS | 24301 WALDEN CENTER DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | DT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COOLAHAN, JOHN | | NAME | | |
| STREET ADDRESS | 24301 WALDEN CENTER DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | DS <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KEITH, SYLVIA | | NAME | | |
| STREET ADDRESS | 24301 WALDEN CENTER DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Sylvia Keith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2-24-06 813-642-1454 <small>Date Daytime Phone #</small> | | |

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