

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90243 005 ****61.25

66019892



04142005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000010625

1. Entity Name
CONCH REPUBLIC YACHT CLUB, INC.



Principal Place of Business
**101 GULFVIEW DRIVE
ISLAMORADA, FL 33036**

Mailing Address
**101 GULFVIEW DRIVE
ISLAMORADA, FL 33036**

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
20-2897017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIRMELLI, STEWART M
100 SE 2ND STREET
SUITE 2650
MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MIRMELLI, DEIRDRE
STREET ADDRESS 101 GULFVIEW DRIVE
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE VSTD ☐ Delete
NAME MIRMELLI, SEAN
STREET ADDRESS 101 GULFVIEW DRIVE
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE VSTD ☒ Delete
NAME NETOLICKY, PHILLIP
STREET ADDRESS 101 GULFVIEW DRIVE
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME George Salerno
STREET ADDRESS SEC. - TREAS
CITY-ST-ZIP 101 GULFVIEW DRIVE #101

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

D. Mirmelli

RECEIVED
MAY 23 2005