


**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

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

02-02-2006 90080 015 \*\*\*\*70.00

**DOCUMENT # N05000001621**

1. Entity Name  
 GRAND VIEW PALACE YACHT CLUB, INC.



**66003699**

Principal Place of Business  
 7601 E. TREASURE DRIVE  
 SUITE 1701  
 NORTH BAY VILLAGE, FL 33141

Mailing Address  
 7601 E. TREASURE DRIVE  
 SUITE 1701  
 NORTH BAY VILLAGE, FL 33141



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
 20-4398927

Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

EDWARDS, JAMES  
 7601 E. TREASURE DRIVE  
 SUITE 1709  
 NORTH BAY VILLAGE, FL 33141

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 required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, JAMES 7601 E. TREASURE DRIVE #1709 NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, CHARLES C 7601 E. TREASURE DRIVE #PH 107 NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles C. Edwards 1/6/06 305-861-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #