
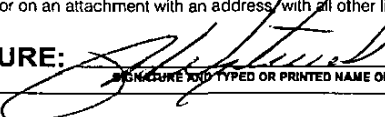


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90117 006 \*\*\*\*61.25

<b>DOCUMENT # N10286</b> 1. Entity Name <b>CORAL REEF CLUB OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2708 SCENIC HWY 98 EAST DESTIN, FL 32541 US</b>				Mailing Address <b>2708 SCENIC HWY 98 EAST DESTIN, FL 32541 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CONERLY, LAMAR JR</b> <b>4481 LEGENDARY DR, #200</b> <b>DESTIN, FL 32541</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBERT, MARCIA			NAME	
STREET ADDRESS	2708 SCENIC HWY 98 EAST, #8			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGSTROM, JACK			NAME	
STREET ADDRESS	2708 SCENIC HWY, 98E			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNISH, FRANK			NAME	
STREET ADDRESS	2708 SCENIC HWY, #98E			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCE, PHIL			NAME	
STREET ADDRESS	2708 SCENIC HWY, 98E			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFSTEDLER, JON			NAME	
STREET ADDRESS	2708 SCENIC HWY 98 EAST			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNTRWAL, JOHN			NAME	
STREET ADDRESS	2708 SCENIC HWY, 98 E			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			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.					
<b>SIGNATURE:</b> 				<b>JOHN WYTRWAL</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>01-18-06</b> Daytime Phone # <b>502-386-1357</b>	