

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90036 010 ****61.25

DOCUMENT # N11828

1. Entity Name
**EAU GALLIE HARBOUR CLUB CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**905 NORTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32935**

Mailing Address
**P.O. BOX 510432
MELBOURNE BEACH, FL 32951**

50009919



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2676449

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRENN, RICHARD
200 ALLAN LANE
MELBOURNE BEACH, FL 32951**

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 reinstating)

DATE

**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
**DT
KALEEL, DAVID
905 N. HARBOR CITY BLVD #403
MELBOURNE, FL 32935** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
KALEEL, LESA
905 N. HARBOR CITY BLVD #403
MELBOURNE FL 32935** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PICKMAN, ROBERT
905 N. HARBOR CITY BLVD #301
MELBOURNE, FL 32935** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T/D
KARSCHWICK, GARY
905 N. HARBOR CITY BLVD #204
MELBOURNE FL 32935** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MARNEY, MILFORD
905 N. HARBOR CITY BLVD, # 102
MELBOURNE, FL 32935** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MERRILL, DONALD
905 N. HARBOUR CITY BLVD, 105
MELBOURNE, FL 32935** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVPD
CORDELL JR, STEVE
911 N. HARBOUR CITY BLVD, 100A
MELBOURNE, FL 32935** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REINECKER, BOB
905 N. HARBOUR CITY BLVD, 205
MELBOURNE, FL 32935** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/06

(321) 777-5552