

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N25136**

1. Entity Name  
**BUGUM BAY HUNTING CLUB, INC.**



Principal Place of Business  
**HORESHOE BEACH ROAD  
P.O. BOX 879  
CROSS CITY, FL 32628**

Mailing Address  
**HORESHOE BEACH ROAD  
P.O. BOX 879  
CROSS CITY, FL 32628**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**



07182006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2951741**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SKINNER, ROY  
351 S  
CROSS CITY, FL 32628**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000572229  
07/25/06-80020-020 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, DWIGHT 351 S. HORSESHOE BCH RD CROSS CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SKINNER, ROY 351 S. HORSESHOE BCH RD CROSS CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, MIKE 9454 S. LONGBRANCH AVENUE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPkins, BILL TRAILAND RD FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPERLE, DAVID HWY 41 S INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

7/18/06  
Date

Daytime Phone #