2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25838

FILED Feb 24, 2006 Secretary of State

Entity Name: PORPOISE BEACH CLUB OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:

% BETTY JEAN C. CLAWSON-BRYAN 28 JADE DRIVE 28 JADE DR., #9 28 JADE DR., 1-8

KEY WEST, FL 330405624 US KEY WEST, FL 330405624 US

Current Mailing Address: New Mailing Address:

% BETTY JEAN C. CLAWSON-BRYAN

2088 BEAVER VALLEY RD

FAIRBORN, OH 45324 US

TONY WILLIS

2432 FLAGLER AVE

KEY WEST, FL 33040

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAWSON, BETTY JEAN

28 JADE DR. #9

BIG COPPITT KEY

KEY WEST, FL 33040 US

WILLIS, TONY A PD

2432 FLAGLER AVE

KEY WEST, FL 33040 US

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.

SIGNATURE: TONY WILLIS 02/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

 Title:
 S
 () Delete
 Title:
 () Change () Addition

 Name:
 REINHARD, VIRGINIA
 Name:

 Address:
 5080 WHITTIER LANE
 Address:

 City-St-Zip:
 ROCKFORD, IL 61114
 City-St-Zip:

 Name
 Degenmant, Robert L
 Name
 Wilclis, TONY A

 Address:
 28 JADE DR., # 8
 Address:
 2432 FLAGLER AVE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 WILLIS, GARY A
 Name:
 BRADSHAW, DAVID

 Address:
 2432 FLAGLER AVE
 Address:
 28 JADE DRIVE #2

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: VP () Delete Title: () Change () Addition

MCKERLEY, JAMES P Name:
28 JADE DR. #5 Address:
KEY WEST, FL 33040 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY WILLIS PD 02/24/2006