

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N30629

1. Entity Name

**YACHT CLUB ISLAND ESTATES SUBDIVISION OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**C/O ERIK HALLEUS
1223 COMMODORE DR
NEW SMYRNA BEACH, FL 32168 US**

Mailing Address

**C/O ERIK HALLEUS
1223 COMMODORE DR
NEW SMYRNA BEACH, FL 32168 US**



02132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ERIK, HALLEUS
1223 COMMODORE DR.
NEW SMYRNA BCH, FL 32168**

**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

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, 2007**

9. Election Campaign Financing...
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WARD, JOHN
1206 COMMODORE DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZELLER, OSCAR
1219 COMMODORE DR.
NEW SMYRNA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARDMAN, LOLA
1217 COMMODORE DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEMARCO, SUSAN
1218 COMMODORE DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALLEUS, ERIK
1223 COMMODORE DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000637550
02/26/07-80067-001 70.00

**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

Date

Daytime Phone #

ERIK HALLEUS 2/12/2007 386-424-6715