



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90046 048 ****61.25

DOCUMENT # N31328 1. Entity Name SOUTHWEST FLORIDA SEA RAY OWNERS CLUB, INC.					
Principal Place of Business 4925 SE 11TH CT CAPE CORAL, FL 33914			Mailing Address 4925 SE 11TH CT CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01192006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KINDRED, BERNIE 4925 SW 11TH CT CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent 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 <u><i>Bernie Kindred</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>BERNIE KINDRED</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1-19-06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPPD CHAPP, JAMES 4920 SW 8TH CT CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPP, JAMES 4920 SW 8TH CT CAPE CORAL, FL 33914
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CROUCH, MARIANNE 11466 OSPREY LANDING WAY FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SIMON, RICHARD 1090 N. WATERWAY DR. FT. MYERS, FL 33919
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBRET 300 LENELL RD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JONES, JUDITH A. 4019 S.E. 20TH PL #801 CAPE CORAL, FL 33904
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUCA, CHRIS 1754 SANDY CIR. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARTA, ROBERT 5608 S.W. 12TH PL. CAPE CORAL, FL 33914
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KINDRED, BERNIE 4925 SW 11TH CT CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KINDRED, BERNIE 2925 SW. 11TH CT CAPE CORAL, FL 33914
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Judith A. Jones Treas.</i></u> JUDITH A. JONES JAN. 19, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

289-541-1676