

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 040 ****61.25

DOCUMENT # N31768 1. Entity Name ISLAND DUNES YACHT CLUB, INC.					
Principal Place of Business 8735 S. OCEAN DRIVE JENSEN BEACH, FL 34957 US			Mailing Address 8735 S. OCEAN DRIVE STE 2900 JENSEN BEACH, FL 34957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062006 Chg-NP CR2E037 (11/05)	
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 CHANDLER, JOSEPH 8735 S. OCEAN DRIVE JENSEN BEACH, FL 34957			7. Name and Address of New Registered Agent Name <u>Kandice Morgan</u> Street Address (P.O. Box Number is Not Acceptable) <u>8735 S. Ocean Drive</u> City <u>Jensen Beach</u> FL <u>34957</u>		
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>Kandice Morgan</u> DATE <u>4-11-06</u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
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	P DEZELL, JAMES 8735 S OCEAN DR JENSEN BEACH, FL 34957 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P Mike Insabella. 8735 S. ocean Drive Jensen Beach FL 34957 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, ROY 8735 S OCEAN DR JENSEN BEACH, FL 34957 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOHNSON, JINX 8735 S OCEAN DR JENSEN BEACH, FL 34957 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: <u>Jim Johnson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-11-06</u> Daytime Phone # <u>772-229-0803</u>		

50012185

