# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 27, 2006 8:00 am**
**Secretary of State**
03-27-2006 90265 020 ****61.25

DOCUMENT # N36989

1. Entity Name

ANCHOR BOAT CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % LOUIS BOHN<br>13 CLEARVIEW CT. NORTH<br>PALM COAST FL 32137<br>US | ANCHOR BOAT CLUB, INC.<br>PO BOX 351501<br>PALM COAST FL 32135-1501<br>US |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| RICHARD COHEN | |
| Suite, Apt. #, etc.<br>6 CHESNRY COURT | Suite, Apt. #, etc. |
| City & State<br>PALM COAST FL | City & State |
| Zip<br>32137 Country<br>USA. | Zip Country |

4. FEI Number 59-3047602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GUNTHARP, PAUL M JR<br>185 CPYRESS PT PKWY<br>STE 6<br>PALM COAST FL 32164 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: 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 | CD<br>BOHN, LOUIS<br>13 CLEARVIEW COURT NORTH<br>PALM COAST FL 32137 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>RICHARD COHEN<br>6 CHESNRY COURT<br>PALM COAST, FL 32137 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>COHEN, ASA<br>6 CHESNEY CT<br>PALM COAST FL 32137 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>CHARLES DEBONET<br>6 CEDARFORD COURT<br>PALM COAST FL 32137 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DINO, PATRICIA H<br>9 WILSON PLACE<br>PALM COAST FL 32164 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>NIELSEN, THOMAS J<br>28 CLINTON COURT NORTH<br>PALM COAST FL 32137 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RC<br>BALLA, RUTH<br>27 CLEARVIEW COURT NORTH<br>PALM COAST FL 32137 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FC<br>ANTONELLI, JOHN<br>4 CEDAR COURT<br>PALM COAST FL 32137 | ☐ 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 Section 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:** Thomas J Nielsen THOMAS J. NIELSEN 3/20/06 (386) 447-7420