ANNUAL REPORT (AR)

DOCUMENT # N45079  1. Entity Name  FUTURA YACHT CLUB MARINA CONDOMINIUM ASSOCIATION, INC.				FILED Mar 06, 2006 08:00 AM Secretary of State
Principal Place of Business 88540 OVERSEAS HWY TAVERINER FL 33070		Mailing Address 88540 OVERSEAS HW TAVERINER FL 33070		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)
City & State		City & State		4. FEI Number Applied For Not Applied 5
Zip	Country	Ζιρ	Country	Certificate of Status Desired     Sa.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
MULICK, NICHOLAS W PA 91645 OVERSEAS HWY TAVERNIER FL 33070				s (P.O. Box Number is Not Acceptable)
		dh	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  Supraision, Types or printed name of registined open and title if applicable (NOTC Registered Agaid asyrctime registrated when varietishing)  Date				
10.	FILE NOW: FEE IS \$61.25  Due By May 1, 2006  OFFICERS AND D	Trust Fund	mpaign Financing Contribution.	\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE RAME SHILL! ADDRESS	VD RENDA, JOE 88540 O/S HWY., T109 TAVERNIER FL 33070	□ Deiete	RITLE NAME STREET AUDRESS	☐ Change ☐ Addition UNGNIN456484
CHY-SI-IP  TITLE NAME SINLLI ADDRESS CHY-SI-ZIP	PD GABRIELLE, ROBERT 88540 O/S HWY., T110 TAVERNIER FL 33070	☐ Delete	CITY- ST-2IP  TITLE  NAME  STREET ADDRESS  CITY- ST-2IP	
TITLL HAME STREET ADDRESS CITY - ST- ZIP	STD JOHNSON, DON 88540 OVERSEAS HIGHWAY TAVERNIER FL 33070	☐ Delete	INSLE NAME STREET ADDRESS CITY-SY-28P	☐ Change ☐ Addition
NIME NAME STREET ADDRESS CUTY-51-28P		☐ Celete	TITLC NAME STREET ADDRLSS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oclete	TITLE NAME STREET ADDRESS CUY-ST-ZP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - 51 - 219		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Indicated of the co	t on this report or supplemental report	is true and accurate and that toowered to execute this repo	my signature shall have th	ined in Section 119, Florida Statutes, I further certify that the information he same legal effect as if made under oath, that I am an officer or director 617, Florida Statutes; and that my name appears in Block 10 or Block 11