

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48824

FILED
Mar 22, 2006
Secretary of State

Entity Name: SAMSULA HUNT CLUB, INCORPORATED

Current Principal Place of Business:

2750 S. RIDGEWOOD DAVE
EDGEWATER, FL 32132

New Principal Place of Business:

989 HUNTING CAMP ROAD
SAMSULA, FL 32168

Current Mailing Address:

P O BOX 383
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-3126701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, DAVID K
2750 S. RIDGEWOOD AVE
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENEDICT, GEORGE
Address: 3605 DARBY RD
City-St-Zip: NEW SMYRNA BEACH, FL

Title: V () Delete
Name: HAFNER, ERNIE
Address: 469 N SAMSULA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST () Delete
Name: HALL, DAVID K
Address: 2750 S. RIDGEWOOD AVE
City-St-Zip: EDGEWATER, FL

Title: D () Delete
Name: SAPP, JACK
Address: 260 TIMBERLANE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: BENEDICT, CLAY
Address: 705 AIRPORT RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: JONES, GENE
Address: 3051 PIONEER TR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID K. HALL

S/T

03/22/2006

Electronic Signature of Signing Officer or Director

Date