

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N49655

1. Entity Name
CIVITAN BEACH CLUB, INC.



Principal Place of Business

CIVITAN BEACH CLUB
18604 GULF BLVD
INDIAN SHORES, FL 33785 US

Mailing Address

C/O BURT V HALBERT, III
2048 ILLINOIS AVE NE
ST PETERSBURG, FL 33703 US

FILED
Jan 09, 2006 08:00 AM
Secretary of State



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3140259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, STEPHEN D.
1-KEY CAPRI
APT 209E
TREASURE ISLAND, FL 33706

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ECKELBARGER
STREET ADDRESS	18530 GULF BLVD
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	VD
NAME	KNAUST, WARREN
STREET ADDRESS	4001 50 AVE SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	SD
NAME	THOMAS, STEPHEN D.
STREET ADDRESS	1-KEY CAPRI, APT 208E
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	DT
NAME	HALBERT, BURT V. III
STREET ADDRESS	2048 ILLINOIS AVE N.E.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	D
NAME	BRECKENRIDGE, EULA
STREET ADDRESS	10855 PARADISE BLV #408
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	D
NAME	KEATING, RICHARD H
STREET ADDRESS	2830 ALTON DR.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706

U00000380672
01/11/06-80024-003 61.25

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen D Thomas *Stephen D Thomas-Sec'y* *Jan 05* *(727) 360-6411*