


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49655</b> 1. Entity Name <b>CIVITAN BEACH CLUB, INC.</b>	
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Principal Place of Business <b>CIVITAN BEACH CLUB 18604 GULF BLVD INDIAN SHORES, FL 33785 US</b>	Mailing Address <b>C/O BURT V HALBERT, III 2048 ILLINOIS AVE NE ST PETERSBURG, FL 33703 US</b>
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3140259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>THOMAS, STEPHEN D. 1-KEY CAPRI APT 209E TREASURE ISLAND, FL 33706</b>
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**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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

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

00000585375  
01/16/07-80010-010 61.25

**DO NOT WRITE  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/3/2007 127-522-0331*