


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001693
 1. Entity Name
 CERCLE NAUTIQUE OWNER'S ASSOCIATION OF NORTHWEST FLORIDA, INC.



Principal Place of Business: 96 YACHT CLUB DRIVE, FT. WALTON BEACH, FL 32548
 Mailing Address: 96 YACHT CLUB DRIVE, FT. WALTON BEACH, FL 32548



02172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 59-3309887
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRIMSLEY, JAMES W
 25 WALTER MARTIN ROAD N.E.
 FT. WALTON BEACH, FL 32548

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BEARD, BRYAN
STREET ADDRESS	96 YACHT CLUB DR, #8
CITY-ST-ZIP	FT. WALTON BEACH, FL
TITLE	VP
NAME	LUCKIE, MARGARET
STREET ADDRESS	96 YACHT CLUB CRIVE #6
CITY-ST-ZIP	FORT WALTON BEACH, FL
TITLE	TD
NAME	BURKETT, BETTY C
STREET ADDRESS	96 YACHT CLUB DRIVE
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	PD
NAME	SKELLY, JOE
STREET ADDRESS	96 YACHT CLUB DR, #9
CITY-ST-ZIP	FT. WALTON BEACH, FL
TITLE	D
NAME	VINGON, JOHN
STREET ADDRESS	96 YACHT CLUB DRIVE #3
CITY-ST-ZIP	FORT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UNREGISTERED
 04/12/05-80007-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Betty C. Burkett 4/8/05 850-243-8700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Betty C. Burkett