

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 023 \*\*\*\*61.25

<b>DOCUMENT # N96000002602</b>					
<b>1. Entity Name</b> THE BOAT CLUB HOMEOWNERS ASSOCIATION, INC. AT VILLA DANIELLE					
<b>Principal Place of Business</b> P O BOX 5115 GULF BREEZE, FL 32566			<b>Mailing Address</b> P O BOX 5115 GULF BREEZE, FL 32566		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc		Suite, Apt #, etc		03012006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-3583374	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
DOZIER, RON 2852 BOAT CLUB LANE PENSACOLA, FL 32503				Name <u>RALPH JOHNSON</u> Street Address (P O Box Number is Not Acceptable) <u>7848 LOLA CIRCLE</u> City <u>NAVARRE,</u> <b>FL</b> Zip Code <u>32566</u>	
<b>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</b>					
SIGNATURE <u>RALPH JOHNSON</u> <u>SECRETREASURER</u> <small>Signature typed or printed name of registered agent and title if applicable</small>				<u>DIRECTOR</u> <u>3/1/06</u> <small>(NOTE: Registered Agent signature required when registering)</small> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD DOZIER, RON 2852 BOAT CLUB LANE NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD TOM ALGER 2852 BOAT CLUB LANE NAVARRE, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT 1866 BOAT CLUB LANE NAVARRE, FL 32566 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDLER, LANE 2870 BOAT CLUB LANE NAVARRE, FL 32566 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, RALPH 7848 LOLA CIRCLE NAVARRE, FL 32566 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>RALPH JOHNSON</u>				<u>3/1/06</u> <u>850-936-7306</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>DATE    Daytime Phone #</small>	