## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2005 08:00 AM Secretary of State DOCUMENT # N97000000787 1. Entity Name WAUREGAN BOAT CLUB, INC. Principal Place of Business Mailing Address P O BOX 718 13326 BAY ST SEBASTIAN FL 32958 ROSELAND FL 32957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State NO-T APPLICABLE Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDEVOORDE, RENE G Street Address (P.O. Box Number is Not Acceptable) 1327 N CENTRAL AVE SEBASTIAN FL 32958 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change THE Delete 3171 F HOLDSWORTH, HAROLD NAME NAME 13326 BAY ST STREET ADDRESS SIRFEI ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP D۷ ☐ Change Addition TITLE ☐ Delete MUEHLBERGER, LOUIS NAME 8115 133RD PL STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE STIDHAM, RHETT NAME 8131 135TH ST STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CLIY-SI-ZIF CITY - ST - 71P Change ☐ Delete THE Addition TITLE WHITAKER, JAMES NAME NAME 8295 133RD PL STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY - ST- ZIP CITY-ST-ZIP ☐ Delete Сћалде Addition NAME NAME STREET ADDRESS STREET ADDRESS CLLY LST- ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete DRUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Daytime Phone #