

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 014 ****61.25

DOCUMENT # N97000000787

1. Entity Name

WAUREGAN BOAT CLUB, INC.



Principal Place of Business

**13326 BAY ST
SEBASTIAN FL 32958**

Mailing Address

**P O BOX 718
ROSELAND FL 32957**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)



4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANDEVOORDE, RENE G
1327 N CENTRAL AVE
SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **HOLDSWORTH, HAROLD**
CITY-ST-ZIP **13326 BAY ST
SEBASTIAN FL 32958**

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **MUEHLBERGER, LOUIS**
CITY-ST-ZIP **8115 133RD PL
SEBASTIAN FL 32958**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STIDHAM, RHETT**
CITY-ST-ZIP **8131 135TH ST
SEBASTIAN FL 32958**

TITLE ☒ Delete
NAME **ST**
STREET ADDRESS **WHITAKER, JAMES**
CITY-ST-ZIP **8295 133RD PL
SEBASTIAN FL 32958**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DV**
STREET ADDRESS **Salmon, Russell**
CITY-ST-ZIP **8150 133rd PL
Sebastian, FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Taylor, Peggy**
CITY-ST-ZIP **8145 133rd PL
Sebastian, FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Peggy Taylor / Peggy Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 772 589-1414

Date

Daytime Phone #