

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90006 003 \*\*\*\*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**

40040117



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT 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 reinstating)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **DV** ☐ Delete  
NAME **SALMON, RUSSELL**  
STREET ADDRESS **8150 133RD PL**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

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

TITLE **ST** ☐ Delete  
NAME **TAYLOR, PEGGY**  
STREET ADDRESS **8145 133RD PL**  
CITY-ST-ZIP **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 **D** ☒ Change ☐ Addition  
NAME **HOLDSWORTH, HAROLD**  
STREET ADDRESS **13326 BAY ST.**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **DP** ☒ Change ☐ Addition  
NAME **SALMON, RUSSELL**  
STREET ADDRESS **8150 133RD PL**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **D** ☐ Change ☒ Addition  
NAME **GALVIN, MICHAEL**  
STREET ADDRESS **13425 ROSELAND RD**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

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

TITLE **DV** ☐ Change ☒ Addition  
NAME **BROCK, HARRY E.**  
STREET ADDRESS **8230 134TH ST.**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **D** ☐ Change ☒ Addition  
NAME **MAGIE, JAMES**  
STREET ADDRESS **13400 82nd CT**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

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

3/26/07 (772) 589-1414  
Date Daytime Phone #