

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004910

FILED
Apr 28, 2006
Secretary of State

Entity Name: YACHT & COUNTRY CLUB SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

3883 SE FAIRWAY EAST
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3883 SE FAIRWAY EAST
STUART, FL 34997

New Mailing Address:

FEI Number: 59-1426270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVAK, DAVID
3883 SE FAIRWAY EAST
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALAN, ANTHONY
Address: 4173 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: MARTENSON, JOHN
Address: 3224 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: STRACUZZI, CHARLES
Address: 3201 SE COURT DRIVE
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: FORD, RAE
Address: 4001 SE FAIRWAY WEST
City-St-Zip: STUART, FL 34997

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTENSON, JOHN
Address: 43224 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: VD (X) Change () Addition
Name: SMITH, RAYMOND
Address: 3938 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CLOUD, DOYLE
Address: 61 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: VD () Change (X) Addition
Name: HOLLERAN, MARY
Address: 8272 SE DOUBLE TREE DR
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES STRACUZZI

TD

04/28/2006

Electronic Signature of Signing Officer or Director

Date