2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90017 004 ****61.25

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02032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000005881

1. Entity Name
LAKE BERESFORD YACHT CLUB, INC.

Principal Place of Business
1961 HONTOON RD
DELAND, FL 32720

Mailing Address
1961 HONTOON RD
DELAND, FL 32720

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-0543143 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REIMERS, MICHAEL
1961 HONTOON RD
DELAND, FL 32720

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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☐ Delete	TITLE	REAR COMMODORE	☒ Change ☐ Addition
NAME	REICH, SHELDON		NAME	SHELDON REICH	
STREET ADDRESS	1415 WHISPERING WOODS WAY		STREET ADDRESS	1415 WHISPERING WOODS WAY	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland, FL 32720	
TITLE	T	☒ Delete	TITLE	TREASURER	☐ Change ☒ Addition
NAME	WISE, LEWIS		NAME	FRANKLIN JAMERSON	
STREET ADDRESS	37 MEADOWWOOD TRAIL		STREET ADDRESS	707 Swaying Pine WAY	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DeLAND, FL 32724	
TITLE	CD	☐ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME	STRAND, BRUCE		NAME	MICKI SMITH	
STREET ADDRESS	1305 GREENWAY AVE		STREET ADDRESS	900 CAREY DR.	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	S. Daytona, FL 32119	
TITLE	VCD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	COX, EDWARD		NAME		
STREET ADDRESS	7957 ST. ANDREWS CR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	RCD	☐ Delete	TITLE	VICE COMMODORE	☒ Change ☐ Addition
NAME	MARSHALL, SUZANNE		NAME	SUZANNE MARSHALL	
STREET ADDRESS	3320 LONGHORN TRAIL		STREET ADDRESS	3320 LONGHORN TRAIL	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32724	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE X [signature] 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #