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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1. Entity Name
LAKE BERESFORD YACHT CLUB, INC.

40021038

Principal Place of Business	Mailing Address
1961 HONTOON RD DELAND, FL 32720	1961 HONTOON RD DELAND, FL 32720

02032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S REICH, SHELDON 1415 WHISPERING WOODS WAY DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REAR COMMODORE SHELDON REICH 1415 WHISPERING WOODS WAY Deland, FL 32720	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WISE, LEWIS 37 MEADOWWOOD TRAIL DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER FRANKLIN JAMERSON 707 Swaying Pine Way DELAND, FL 32724	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STRAND, BRUCE 1305 GREENWAY AVE TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MICKI SMITH 900 CAREY DR. S. Daytona, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD COX, EDWARD 7957 ST. ANDREWS CR. ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RCD MARSHALL, SUZANNE 3320 LONGHORN TRAIL DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE COMMODORE SUZANNE MARSHALL 3320 LONGHORN TRAIL Deland, FL 32724	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 _____ 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #