## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033289

Entity Name: LITTLE RIVER YACHT CLUB, INC.

FILED Apr 26, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI BEACH, FL 33139 D

Current Principal Place of Business: New Principal Place of Business:

135 OCEAN DR. 7401 N.E. 1ST PLACE #704 MIAMI, FL 33138 D

MIAMI BEACH, FL 33139 D

Current Mailing Address: New Mailing Address:

135 OCEAN DR. P.O. BOX 191721

#704 MIAMI BEACH, FL 33139 D

FEI Number: 20-0753358 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORBES, MICHAEL T SR.

135 OCEAN DR.

P.O. BOX 191721

# 704

# 704 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US

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: MICHAEL FORBES 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

MIAMI BEACH, FL 33139 D

## OFFICERS AND DIRECTORS:

City-St-Zip:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: FORBES, MICHAEL S Name: FORBES, MICHAEL S

 Name:
 FORBES, MICHAEL S

 Address:
 135 OCEAN DR. # 704
 Address:
 P.O. BOX 191721

 City-St-Zip:
 MIAMI BEACH, FL 33139 D
 City-St-Zip:
 MIAMI BEACH, FL 33139 D

Title: VP () Delete Title: VP (X) Change () Addition
Name: SYLVIA\_RAYMOND C SR
Name: SYLVIA\_RAYMOND C SR

 Name:
 SYLVIA, RAYMOND C SR
 Name:
 SYLVIA, RAYMOND C SR

 Address:
 135 OCEAN DR. # 704
 Address:
 P.O. BOX 191721

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RAYMOND SYLVIA VP 04/26/2005