

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90048 030 ***150.00

DOCUMENT # P97000019102					
1. Entity Name PALM BAY CLUB REALTY OF SIESTA KEY, INC.					
Principal Place of Business 5960 MIDNIGHT PASS ROAD SARASOTA, FL 34242			Mailing Address 5960 MIDNIGHT PASS ROAD SARASOTA, FL 34242		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3447982	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOBECK, DANIEL C/O LOBECK & HANSON PA 2033 MAIN STREET, SUITE #301 SARASOTA, FL 34237				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME KRAEMER, BRIAN STREET ADDRESS 804 S. POINTSETTA DR CITY-ST-ZIP TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE Treasurer NAME Tom Maynard STREET ADDRESS 1050 Scherer Way CITY-ST-ZIP Osprey, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME WAKEFORD, SHELAGH STREET ADDRESS 5966 MIDNIGHT PASS RD CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE D - NAME David Smith STREET ADDRESS 306 Woodstock Ave. CITY-ST-ZIP Kenilworth, IL 60043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WILLIS, MARTY STREET ADDRESS 2800 UNIVERSITY, #118 CITY-ST-ZIP WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HALVERSON, ROY STREET ADDRESS 471 DUCHAMP DR CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LANGHOUT, RICHARD STREET ADDRESS 8103 FAIRWAY DR. CITY-ST-ZIP COLUMBUS, OH 43235	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME REYNOLDS, GREG STREET ADDRESS 2439 BEE RIDGE ROAD CITY-ST-ZIP SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: <i>Shelagh H. Wakeford</i>			4/18/07 941-349-1911		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		