

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2005 8:00 am**  
**Secretary of State**

09-14-2005 90002 027 \*\*\*550.00

**DOCUMENT # P97000031055**

1. Entity Name  
**GULF HARBOUR YACHT CLUB, INC.**



Principal Place of Business  
**14490 VISTA RIVER DRIVE  
FORT MYERS, FL 33908**

Mailing Address  
**14490 VISTA RIVER DRIVE  
FORT MYERS, FL 33908**

**50066774**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07242005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0749473**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CROUCH, BILL  
11466 OSPREY LANDING WAY  
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **CROUCH, BILL**

Street Address (P.O. Box Number is Not Acceptable)

**Same**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete  
NAME **LADNER, ROBERT**  
STREET ADDRESS **11440 COMPASS POINT DRIVE**  
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **VC** ☐ Delete  
NAME **INGRAHAM, JOHN**  
STREET ADDRESS **11029 HARBOUR YACHT CT**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **RC** ☐ Delete  
NAME **BISHOP, LYNN**  
STREET ADDRESS **14200 ROYAL HARBOUR CT 3501**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **FC** ☒ Delete  
NAME **KITTRIDGE, WALTER**  
STREET ADDRESS **15091 TAMRIND CAY CT #908**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Delete  
NAME **CUDTER, GENE**  
STREET ADDRESS **11471 WELLFLEET DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Delete  
NAME **FLEEGLE, VICTOR**  
STREET ADDRESS **11130 HARBOUR YACHT CIRCLE**  
CITY-ST-ZIP **FT MYERS, FL 33908**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Change ☐ Addition  
NAME **INGRAHAM, JOHN**  
STREET ADDRESS **14220 ROYAL HARBOUR CT 608**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **VC** ☒ Change ☐ Addition  
NAME **BISHOP, LYNN**  
STREET ADDRESS **14200 ROYAL HARBOUR CT #501**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **RC** ☒ Change ☐ Addition  
NAME **KITTRIDGE, WALTER**  
STREET ADDRESS **15091 TAMRIND CAY CT #908**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **FC** ☐ Change ☒ Addition  
NAME **MARTIN, JODI**  
STREET ADDRESS **14200 ROYAL HARBOUR CT #604**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #