FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:28

DOCUMENT # 700739 (6)

1. Corporation Name
CARLOUEL YACHT CLUB INC

Principal Place of Business	Mailing Address
JOHN T MCMULLEN 1091 ELDORADO CLEARWATER FL 34630-1007	JOHN T MCMULLEN 1091 ELDORADO CLEARWATER FL 34630-1007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1960
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-0558704 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCMULLEN,J TWEED 1091 ELDORADO CLEARWATER FL 33515	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ _____ _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	~~CLINE, HARRY S.~~	12 NAME	
STREET ADDRESS	~~414 MAGNOLIA DRIVE~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~CLEARWATER FL~~	14 CITY-ST-ZIP	
TITLE	RD	21 TITLE	VD ☒ Change ☐ Addition
NAME	WATROUS, JAMES S.	22 NAME	WATROUS, JAMES S.
STREET ADDRESS	501 PALMETTO DRIVE	23 STREET ADDRESS	501 PALMETTO DR.
CITY-ST-ZIP	BELLEAIR FL	24 CITY-ST-ZIP	BELLEAIR, FL. 34616
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	DAYTON, KENNETH A	32 NAME	
STREET ADDRESS	611 DRUID RD STE 511	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	PD ☒ Change ☐ Addition
NAME	DUNN, DONALD F.	42 NAME	DUNN, DONALD F.
STREET ADDRESS	1665 LONG BOW LANE	43 STREET ADDRESS	1665 LONG BOW LANE
CITY-ST-ZIP	BELLEAIR FL	44 CITY-ST-ZIP	BELLEAIR, FL. 34624
TITLE	RD	51 TITLE	☐ Change ☐ Addition
NAME	SHORT, WILLIAM W.	52 NAME	
STREET ADDRESS	294 SPOTTIS WOODE COURT	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL. 34616	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DONALD F. DUNN 2-15-95 (813) 446-9162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0588753