SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1998	A STATE OF THE PARTY OF THE PAR	DIVISION OF CO	RPORATIONS	Secretary of State
DOCUMENT # 700739 (6)					Secretary of State
CARLOUEL VACHT CLUB INC					
ONILOGEE STAGITI GEGG ING					
Principal Plac	ce of Busines	s	Mailing Address		T (EREV) 2001/1 001/4 EASAN 7800D SININ NONI ONDIN
JOHN T MCMULLEN JOHN T MCMULLEN 1091 ELDORADO 1091 ELDORADO CLEARWATER FL SAUSONOUT* 33767-1003 CLEARWATER FL SAUSONOUT* 337					3. Date Incorporated or Qualified 1-30-97
CLEARWATER	FL 34630400	37° 33767-100.	OLEANWATER FL 34630-1007	33707-	100 3 04/06/1960 Applied For Applied For
2. Principal Place of Business 2a. Mailing Address					59-0558704 Not Applicable
21 Pillicipal P	LISCA DI DUSII	1063	26. Walling Address		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22			27		Trust Fund Contribution Added to Fees
City & State			City & State		7. Is this nonprofit corporation a homeowners association?
23			28	Caunta	Yes Mo
Zip [24]		Country 25	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
CLINE, HARRY S 82 Street Address					Address (P.O. Box Number is Not Acceptable)
1091 ELD					, 103, 103, 103, 103, 103, 103, 103, 103
	TER FL 34	k\$0* 33767		83	
				84 City	85 Zip Code
	:				FL _ `
11. Pursuant to the provisions of sections 617,0502 and 617,1508, 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 617,0503, Florida Statutes.					
SIGNATURE	Storeton hand	or printed name of registered agent as	ad title if controlls (A)OYE	Posistored & sent signatur	re required when reinstating) DATE
12.	orgrania, typico	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	011702.107112	XX DELETE	1.1 TITLE	PD ** Change Addition
NAME	SHORT, W	/ILLIAM W	ALL DELETE	1.2 NAME	MARIANI, TIMOTHY
STREET ADDRESS		TIS WOODE COURT		1.3 STREET ADDRESS	1550 S. HIGHLAND AVE.
CITY-ST-ZIP	CLEARWA			1.4 CITY-ST-ZIP	CLEARWATER, FL. 33756
TITLE	ST		XXXXX	2.1 TITLE	ST thange Addition
NAME	HAWKINS	, Terrell		2.2 NAME	SIBSON, JAMES W.
STREET ADDRESS	430 LEEW	ARD ISLAND		2.3 STREET ADDRESS	445 COUNTRY CLUB RD.
CITY-ST-ZIP	CLÉARWA	TER FL		2.4 CITY-ST-ZIP	BELLEAIR, FL. 33756 Cichang Cadding
TITLE	VD:		XXDELETE	3.1 TITLE	VD Change Addition
NAME		M, JOHN L		3.2 NAME	LAMBERT, HARRY W.
STREET ADDRESS				3.3 STREET ADDRESS	437 GARDENIA ST.
CITY-ST-ZIP	BELLEAIR	<u>FL</u>		3.4 City-St-ZiP 4.1 Title	BELLEAIR, FL. 33756
TITLE	RD	TIMOTHY	XXXX DELETE	4.1 IIILE 4.2 NAME	RD Change Addition
NAME	MARIANI,			4.2 NAME 4.3 STREET ADDRESS	DAYTON, KENNETH A.
STREET ADDRESS CITY-ST-ZIP	CLEARWA	GHLAND AVE TER FI		4.3 STREET ADDRESS	210 SARASOTA RD.
TITLE	OFENHA	IEN FL	DELETE	5.1 TITLE	BELLEATIR, FL. 33756
NAME			☐ hereit	5.2 NAME	L_I Criange L_I Addition
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE	1 -		DELETE	6.1 TITLE	Change Addition

14. 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 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

O OFFICER OR DIRECTOR

FILED

Jul 16 1998 8:00am