

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # 701849 (2)**  
 1. Corporation Name  
**YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC**



Principal Place of Business Mailing Address  
**VENICE, INC.**  
**1325 TARPON CENTER ROAD**  
**VENICE FL 34285**

3. Date Incorporated or Qualified **12/29/1960** 3a. Date of Last Report **03/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0936012</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ENGELMANN, WILLIAM E**  
**1325 TARPON CENTER DRIVE**  
**VENICE FL 34285**

81 Name **VICKI TRUESCHEL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**610 STEWART BUSINESS SERVICES, INC**  
 83 **1224 RIDGEWOOD AVE**  
 84 City **VENICE** FL 85 Zip Code **34292**

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 *Vicki Trueschel* **VICKI TRUESCHEL** DATE **7-9-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRENZ, ROGER K</b>	1.2 NAME	
STREET ADDRESS	<b>1325 TARPON CENTER DR #22</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, JOHN M</b>	2.2 NAME	
STREET ADDRESS	<b>1325 TARPON CENTER #5</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ENGELMANN, WILLIAM E.</b>	3.2 NAME	<b>JAMES LUCK</b>
STREET ADDRESS	<b>1325 TARPON CENTER #15</b>	3.3 STREET ADDRESS	<b>609 CADIZ ROAD</b>
CITY-ST-ZIP	<b>VENICE, FL 00000</b>	3.4 CITY-ST-ZIP	<b>VENICE, FL 34285</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>NORMAN WOOD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>1325 TARPON CENTER #3</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>SD</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>ROSEMARY LEDWIDGE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>1325 TARPON CENTER #14</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 as an attachment with an address.

SIGNATURE: *James S. Luck* **JAMES S. LUCK** DATE **7-11-96** DAYTIME PHONE # **941-484-6120**  
Signature and typed or printed name of signing officer or director

CR2E037 (3/96)