

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  
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  
4. FEI Number 59-0936012  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ENGELMANN, WILLIAM E  
1325 TARPON CENTER DRIVE  
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name VICKI TRUESCHEL  
82 Street Address (P.O. Box Number is Not Acceptable) C/O 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  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|----------------------------|---------------------------|---|------------------------|
| TITLE                      | PD                        | 1.1 TITLE   |                        |
| NAME                       | KRENZ, ROGER K            | 1.2 NAME  |                        |
| STREET ADDRESS             | 1325 TARPON CENTER DR #22 | 1.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                | VENICE FL                 | 1.4 CITY-ST-ZIP                                       |                        |
| TITLE                      | D                         | 2.1 TITLE   |                        |
| NAME                       | HOLLAND, JOHN M           | 2.2 NAME  |                        |
| STREET ADDRESS             | 1325 TARPON CENTER #5     | 2.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                | VENICE FL                 | 2.4 CITY-ST-ZIP                                       |                        |
| TITLE                      | TD                        | 3.1 TITLE   |                        |
| NAME                       | ENGELMANN, WILLIAM E.     | 3.2 NAME  | JAMES LUCK             |
| STREET ADDRESS             | 1325 TARPON CENTER #15    | 3.3 STREET ADDRESS                                    | 609 CADIZ ROAD         |
| CITY-ST-ZIP                | VENICE, FL 00000          | 3.4 CITY-ST-ZIP                                       | VENICE, FL 34285       |
| TITLE                      |                           | 4.1 TITLE   | D                      |
| NAME                       |                           | 4.2 NAME  | NORMAN WOOD            |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    | 1325 TARPON CENTER #3  |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       | VENICE, FL 34285       |
| TITLE                      |                           | 5.1 TITLE   | SD                     |
| NAME                       |                           | 5.2 NAME  | ROSEMARY LEDWIDGE      |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    | 1325 TARPON CENTER #14 |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       | VENICE, FL 34285       |
| TITLE                      |                           | 6.1 TITLE   |                        |
| 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 7-11-96 941-484-6120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #