

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 702727 (9)

1. Corporation Name

FLORIDA COUNCIL OF YACHT CLUBS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:22

Principal Place of Business

Mailing Address

C/O ST. PETERSBURG YACHT CLUB
11 CENTRAL AVE.
ST. PETERSBURG FL 33701

C/O ST. PETERSBURG YACHT CLUB
11 CENTRAL AVE.
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1961

3a. Date of Last Report

03/29/1994

4. FEI Number

23-7421540

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATTERS, BRUCE, JR.
224 BEACH DR. N.E.
ST. PETERSBURG FL 33701

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

TITLE	VD
NAME	LARSEN, ROLAND M
STREET ADDRESS	1402 SW 54TH TERR
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VD
NAME	BOTTIGER, E. LAWRENCE
STREET ADDRESS	17 CACHE CAY
CITY-ST-ZIP	VERO BEACH FL
TITLE	PD
NAME	CHALBECK, JOHN
STREET ADDRESS	BOX 158
CITY-ST-ZIP	KEY COLONY BCH FL
TITLE	SD
NAME	SCHEFFER, JULES E.
STREET ADDRESS	1027 BERKSHIRE DR
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	TD
NAME	GROAT, RICHARD
STREET ADDRESS	3020 WISTER CIRCLE
CITY-ST-ZIP	VALRICO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Groat RICHARD A. GROAT

1/7/95 813-151-4641

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone