SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **702727** **(9)**

1. Corporation Name
FLORIDA COUNCIL OF YACHT CLUBS, INC.

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: 02/29/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BOTTIGER, E. LAWRENCE		1.2 NAME		
STREET ADDRESS	17 GACHE GAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHEFFER, JULES E.		2.2 NAME		
STREET ADDRESS	1027 BERKSHIRE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GROAT, RICHARD		3.2 NAME		
STREET ADDRESS	3020 UNSTER CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	KOLFLAT, TOR		4.2 NAME		
STREET ADDRESS	2713 BUCKTHORN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	YEAKEY, GLENN R.		5.2 NAME		
STREET ADDRESS	495 13TH AVE S		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME	LARSON, RONALD M		6.2 NAME	ELDRIDGE, CHARLES	
STREET ADDRESS	1402 SW 54TH TERR		6.3 STREET ADDRESS	5406 CRESCENT DRIVE	
CITY-ST-ZIP	CAPE CORAL FL 33914		6.4 CITY-ST-ZIP	TAMPA, FL 33611	

CR2E037 (4/97)

14. I do 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.

(813) 2565622

SIGNATURE: SIGNATURE REQUIRED [illegible] 8/6/97