FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998

Principal Place of Business



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(9)

Mailing Address

FLORIDA COUNCIL OF YACHT CLUBS, INC.

FILED May 11 1998 8:00am Secretary of State

3. Date Incorporated or Qualified							
07/26/1961							
4. FEI Number		Applied For					

C/O ST. PETER 11 CENTRAL AV ST. PETERSBUR		C/O ST. PETERSBURG YACHT CLUB 11 CENTRAL AVE. ST. PETERSBURG FL 33701		3. Date Incorporated or Qualified 07/26/1961 4. FEI Number Applied For						
					23-7421540	N ₁	ot Applicable			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address 26		5. Certificate of Status Desired	Status Desired Status Desired Fee Required				
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			Election Campaign Financing \$5.00 May Be					
City & State			City & State							
23		28	26		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No					
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu					
24	25	4 1			7	Personal Property Tax due June 30. Yes X No				
	9. Name and Address of Curre	ent Hegistered Agent	- 4	1 612-22	10. Name and Address of New Registered	Agent				
WATTERS, BRUCE, JR.				81 Name						
224 BEA	CH DR. N.E.		<u> </u>		Address (P.O. Box Number is Not Acceptable)					
ST. PETE	RSBURG FL 33701		83							
					FL	_ `	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										
		13.	OLK BIÖLIBIOLO	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTOR	25 141 25				
TITLE	D	DELETE	1.1 TITLE		TD	Change	Addition			
NAME	BOTTIGER, E. LAWRENCE		1.2 NAME		SCHANTINI, JOHN G		4			
STREET ADDRESS	17 GACHE GAY				1158 OAK GATE CIRCLE		l			
CITY-ST-ZIP	VERO BCH FL				ALTAMONTE SPRINGS. FL	32714	1 I			
TITLE	PD	☐ DELETE	2.1 TITLE D			Change	Addition			
NAME	SCHEFFER, JULES E.		2.2 NAME				i			
STREET ADDRESS	ARREST TOTAL AND THE STATE OF T		2.3 STREET	2.3 STREET ADDRESS						
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP							
TITLE	VD	☐ DELETE	3.1 TITLE PD		PD	Change	Addition			
NAME	groat, richard		3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE		VPD	X Change	☐ Addition			
NAME	KOLFLAT, TOR		4.2 NAME							
STREET ADDRESS	44401 00 01		4.3 STREET	ADDRESS						
CITY-ST-ZIP	NAPLES FL	The priore	4.4 CITY-ST-ZIP				220.00			
TITLE	SD VEAVEY OF END O	☐ DELETE	5.1 TITLE		VPD	Change	☐ Addition			
NAME	YEAKEY, GLENN R.		5.2 NAME							
STREET ADDRESS	495 13TH AVE S NAPLES FL		5.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	TD	DELETE	5.4 CITY-SY-ZIP 5.1 TITLE SD X Change Addi		Addition					
NAME	ELDRIDGE, CHARLES	CT percie	6.1 TITLE	ľ	01/	For cusude	CT ADDRIOR			
STREET ADDRESS	5406 CRESCENT DRIVE		6.2 NAME	ADDRESS						
CITY-ST-ZIP TAMPA FL			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP							
G11-51-28"	TOWN IN 1 L		■ 0.4 UHY-3	1-211						

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 enual report is true and accurate applications accurate and that may signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted employees do 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 application.