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May 20 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 # 715592 (2)  
1. Corporation Name  
SANFORD YACHT CLUB, INC.



Principal Place of Business Mailing Address  
% LUCY O FORE  
1201 MAGNOLIA AVE.  
SANFORD FL 32771

3. Date Incorporated or Qualified 11/19/1968  
3a. Date of Last Report 03/14/1996

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

4. FEI Number NOT APPLICABLE 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

9. Name and Address of Current Registered Agent  
ROGERS, DEWARD E  
2048 LYNWOOD LANE  
WINTER PARK FL 32789

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LUDEMAN, GREGG A	
STREET ADDRESS	2057 SHADOW DR	
CITY-ST-ZIP	GENEVA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PASCHEK, CARL E.	
STREET ADDRESS	1239 MULLET LAKE PARK ROAD	
CITY-ST-ZIP	GENEVA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, JAY	
STREET ADDRESS	204 LARKWOOD DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORE, LUCY	
STREET ADDRESS	1201 MAGNOLIA AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, LUPE	
STREET ADDRESS	1150 LAKE HARNEY RD	
CITY-ST-ZIP	GENEVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, DEWARD E.	
STREET ADDRESS	2048 KLYNWOOD AVE	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TAYLOR, JACK F	
1.3 STREET ADDRESS	1620 VILLA MARIE DR	
1.4 CITY-ST-ZIP	ORLANDO, FL 32807	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACOBS, JAY	
2.3 STREET ADDRESS	204 LARKWOOD DR	
2.4 CITY-ST-ZIP	SANFORD, FL 32771	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NBWKIRK, SHARON	
3.3 STREET ADDRESS	2418 PRINCESS CAROL CT.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32807	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RASE, JACK	
5.3 STREET ADDRESS	7023 HARBORVIEW DR	
5.4 CITY-ST-ZIP	LEESBURG, FL 34788	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Jack F. Taylor - JACK F. Taylor 5/1/97 (407) 275-6943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014800

CR2E037 (9/96)