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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 715592

1. Corporation Name
SANFORD YACHT CLUB, INC.

Principal Place of Business NEWKIRK, SHARON 2418 PRINCESS CAROL COURT ORLANDO FL 32807 US	Mailing Address NEWKIRK, SHARON 2418 PRINCESS CAROL COURT ORLANDO FL 32807 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWKIRK, SHARON 2418 PRINCESS CAROL COURT ORLANDO FL 32807				81	Name VOLENTINE CLAUDETTE		
				82	Street Address (P.O. Box Number is Not Acceptable) 3209 TALL PINE CIR.		
				83			
				84	City ST. CLOUD	FL	85

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 CLAUDETTE VOLENTINE Claudette Volentine 1/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JACK F	1.2 NAME	
STREET ADDRESS	1620 VILLA MARIE DR.	1.3 STREET ADDRESS	JACOBS, JAY
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	204 LARKWOOD DR., SANFORD, FL 32771
TITLE	CDP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JAY	2.2 NAME	RASE, JACK
STREET ADDRESS	204 LARKWOOD DR.	2.3 STREET ADDRESS	7023 HARBOR VIEW DR.
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWKIRK, SHARON	3.2 NAME	VOLENTINE CLAUDETTE
STREET ADDRESS	2418 PRINCESS CAROL CT	3.3 STREET ADDRESS	3209 TALL PINE CIR.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	PULSIFER, DOROTHY	4.2 NAME	
STREET ADDRESS	745 AMBER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASE, JACK	5.2 NAME	STUART, DON
STREET ADDRESS	7023 HARBORVIEW DR	5.3 STREET ADDRESS	540 Koger ST.
CITY-ST-ZIP	LEESBURG FL 34788	5.4 CITY-ST-ZIP	ORLANDO FL 32812
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	VOLENTINE, MIKE	6.2 NAME	
STREET ADDRESS	3209 TALL PINES CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 32810	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: CLAUDETTE VOLENTINE 1/16/99 407-892-7346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)