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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715592

FILED						
Feb 24, 1999 8:00 am						
Secretary of State						
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02-24-1999 90200 033 ****61.25

1. Corporation	NAME RD YACHT CLUB, INC.				. ,	
Principal Place NEWKIRK. SHA 2418 PRINCES ORLANDO FL	ARON S CAROL COURT	Mailing Address NEWKIRK. SHARON 2418 PRINCESS CAROL COURT ORLANDO FL 32807 US				
⊢ ·	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed 11/19/1968		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22	, 5.65	27		NOT APPLICABLE	Not Applicable	
City & Stat	e	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country 25		Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	9. Name and Address of Curren			10. Name and Address of New Registered		
NEWKIRK, 2418 PRIN ORLANDO	, Sharon ICESS Carol Court	i iogadisu Agoin	82 Street A	ENTINE CIAUDETE ddress (P.O. Box Number is Not Acceptable) TALL PINE CIR		
l			84 City	r. Cloud FL	85 Zip Code 3 4 77 /	
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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE C/AUDETE Volential name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
SIGNATURE C/AUDETTE VOLENTINE CLO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			tered Agent signature red	guired when reinstating) DATE		
					ID DIRECTORS IN 12	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
12.	OFFICERS AN	DELETE 1	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change ☐ Addition	
12. TITLE NAME	OFFICERS AN D TAYLOR, JACK F	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change ☐ Addition	
12. TITLE NAME STREET ADDRESS	OFFICERS AN D TAYLOR, JACK F 1620 VILLA MARIE DR.	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	OChange □ Addition N FO A O F L 3277	
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CITY-ST-ZIP ST. CLOUD FL 32810

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:

1/16/99 407-892-734/_ Date Daytime Phone #