

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4: 26

DOCUMENT # 719488 (9)

1. Corporation Name

APALACHEE BAY YACHT CLUB, INC.

Principal Place of Business

Mailing Address

MARSH HARBOR, SHELL POINT
P. O. BOX 5673
TALLAHASSEE FL 32314

MARSH HARBOR, SHELL POINT
P. O. BOX 5673
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1970

3a. Date of Last Report

01/26/1994

4. FEI Number

59-2441392

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GETMAN, ANN
1807 ATAPHA NENE
TALLAHASSEE FL 32301

81 Name BETH HAMILTON

82 Street Address (P.O. Box Number is Not Acceptable)
2308 ARENDELL WAY

83

84 City TALLAHASSEE

FL

85 Zip Code 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Beth Hamilton
Signature, typed or printed name of registered agent and title if applicable.

Beth Hamilton
(NOTE: Registered Agent signature required when reappointing)

3/12/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GETMAN, ANN
STREET ADDRESS 1807 ATAPHA NENE
CITY - ST - ZIP TALLAHASSEE FL 32301

1.1 TITLE D
1.2 NAME HAMILTON, BETH
1.3 STREET ADDRESS 2308 ARENDELL WAY
1.4 CITY - ST - ZIP TALLAHASSEE, FL 32308
☒ Change ☐ Addition

TITLE TD
NAME REDDER, DON
STREET ADDRESS 2005 DYREHAVEN DR.
CITY - ST - ZIP TALLAHASSEE FL 32311

2.1 TITLE TID
2.2 NAME LUGER, KAY
2.3 STREET ADDRESS 2979 HUNTINGTON DR
2.4 CITY - ST - ZIP TALLAHASSEE, FL 32312
☒ Change ☐ Addition

TITLE D
NAME FLETCHER, AL
STREET ADDRESS 3237 DUNGARVAN DR.
CITY - ST - ZIP TALLAHASSEE FL 32308

3.1 TITLE D
3.2 NAME MIKE REDIG
3.3 STREET ADDRESS 2609 GLOVER ROAD
3.4 CITY - ST - ZIP TALLAHASSEE, FL 32310
☒ Change ☐ Addition

TITLE PD
NAME HAMILTON, BETH
STREET ADDRESS 2308 ARENDELL WAY
CITY - ST - ZIP TALLAHASSEE FL 32308

4.1 TITLE PD
4.2 NAME DERRINGER, JOHN
4.3 STREET ADDRESS 4624 RAMSGATE DRIVE
4.4 CITY - ST - ZIP TALLAHASSEE, FL 32308
☒ Change ☐ Addition

TITLE SD
NAME TILLMAN, BARBARA
STREET ADDRESS RT 3 BOX 9F
CITY - ST - ZIP MONTICELLO FL 32344

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE VD
NAME CHESNUTT, JERRY
STREET ADDRESS RT 1 BOX 3427
CITY - ST - ZIP HAVANA FL 32333

6.1 TITLE VD
6.2 NAME GETMAN, ANN
6.3 STREET ADDRESS 1807 ATAPHA NENE
6.4 CITY - ST - ZIP TALLAHASSEE, FL 32301
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Beth Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth Hamilton

3/12/95
DATE