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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 719488 (9)

1. Corporation Name

APALACHEE BAY YACHT CLUB, INC.

Principal Place of Business	Mailing Address
69 HARBOUR POINT DR. P. O. BOX 5673 CRAWFORDVILLE FL 32314 US	MARSH HARBOR, SHELL POINT P. O. BOX 5673 TALLAHASSEE FL 32314-5673

3. Date Incorporated or Qualified: 10/09/1970
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 69 HARBOUR POINT DR.
22 Suite, Apt. #, etc.
23 City & State: CRAWFORDVILLE, FL.
24 Zip: 32327 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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

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

9. Name and Address of Current Registered Agent

DON REEDER
2005 DYREHAVEN DR.
TALL FL 32311

10. Name and Address of New Registered Agent

81 Name: MIKE REDIG
82 Street Address (P.O. Box Number is Not Acceptable): 2609 GLOVER ROAD
83
84 City: TALLAHASSEE FL 85 Zip Code: 32310

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.

X SIGNATURE: [signature] 3/11/1997
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	☑ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	DON REEDER		1.2 NAME	MIKE REDIG	
STREET ADDRESS	2005 DYREHAVEN DR.		1.3 STREET ADDRESS	2609 GLOVER RD.	
CITY-ST-ZIP	TALL FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32310	
TITLE	TD	☑ DELETE	2.1 TITLE	TD	☑ Change ☐ Addition
NAME	LUGER, KAY		2.2 NAME	AL OOSTERHOF	
STREET ADDRESS	2979 HUNTINGTON DR		2.3 STREET ADDRESS	177 HARBOUR POINT DR.	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHN WRIGHT		3.2 NAME	SAME	
STREET ADDRESS	6194 VERDURA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL		3.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	MIKE REDIG		4.2 NAME	SUE ROSS	
STREET ADDRESS	2609 GLOVER RD.		4.3 STREET ADDRESS	43 HARBOUR POINT DR.	
CITY-ST-ZIP	TALLA FL		4.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
TITLE	SD	☑ DELETE	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	SUE ROSS		5.2 NAME	MARCIA BJERREGAARD	
STREET ADDRESS	43 HABOR POINT DR.		5.3 STREET ADDRESS	171 HARBOUR POINT DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL		5.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
TITLE	VD	☑ DELETE	6.1 TITLE	VD	☐ Change ☐ Addition
NAME	HAMILTON BETH		6.2 NAME	DON REEDER	
STREET ADDRESS	2308 ARENDELLWAY		6.3 STREET ADDRESS	2005 DYREHAVEN	
CITY-ST-ZIP	TALL FL		6.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32311	

CR2E037 (9/96)

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] 3/11/1997