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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 DRIVE P. O. BOX 5673 CRAWFORDVILLE FL 32327 US	MARSH HARBOR, SHELL POINT P. O. BOX 5673 TALLAHASSEE FL 32314

3. Date Incorporated or Qualified: 10/09/1970
4. FEI Number: 59-2441392 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REDIG, MIKE 2609 GLOVER ROAD TALLAHASSEE FL 32310	81 Name: SUE ROSS 82 Street Address (P.O. Box Number is Not Acceptable): 43 HARBOUR POINT DRIVE 83 84 City: CRAWFORDVILLE FL 85 Zip Code: 32327

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: Sue Ross 2/21/98
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	REDIG, MIKE		1.2 NAME	SUE ROSS	
STREET ADDRESS	2609 GLOVER RD.		1.3 STREET ADDRESS	43 HARBOUR POINT DR.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
TITLE	TD	☑ DELETE	2.1 TITLE	TD	☑ Change ☐ Addition
NAME	OOSTERHOF, AL		2.2 NAME	HYMEN KRIEBERG	
STREET ADDRESS	177 HARBOUR POINT DRIVE		2.3 STREET ADDRESS	2514 CHAMBERLIN DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	
TITLE	D	☑ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	JOHN WRIGHT		3.2 NAME	WALTER CULLEY	
STREET ADDRESS	6194 VERDURA WAY		3.3 STREET ADDRESS	27 HARBOUR POINT DR.	
CITY-ST-ZIP	TALL FL		3.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
TITLE	PD	☑ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	ROSS, SUE		4.2 NAME	AL OOSTERHOF	
STREET ADDRESS	43 HARBOUR POINT DRIVE		4.3 STREET ADDRESS	177 HARBOUR POINT DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL		4.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BJERREGAARD, MARCIA		5.2 NAME		
STREET ADDRESS	171 HARBOUR POINT DRIVE		5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	CRAWFORDVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	6.1 TITLE	VD	☑ Change ☐ Addition
NAME	REEDER, DON		6.2 NAME	MIKE REDIG	
STREET ADDRESS	2005 DYREHAVEN		6.3 STREET ADDRESS	2609 GLOVER ROAD	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32310	

CR2E037 (10/97)

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.

SIGNATURE: Sue Ross 2/21/98 (850) 926-8226