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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 719488**

1. Corporation Name

**APALACHEE BAY YACHT CLUB, INC.**

Principal Place of Business

69 HARBOUR POINT DRIVE  
P. O. BOX 5673  
CRAWFORDVILLE FL 32327  
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/09/1970

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

9. Name and Address of Current Registered Agent

ROSS, SUE  
43 HARBOUR POINT DRIVE  
CRAWFORDVILLE FL 32237

10. Name and Address of New Registered Agent

81 Name **AL OOSTERHOF**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**177 HARBOUR POINT DR**  
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

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

(NOTE: Registered Agent signature required when reinstating)

2/09/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D ROSS, SUE**  
STREET ADDRESS **43 HARBOUR POINT DR**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ DELETE

NAME **TD KRIEBERG, HYMEN**  
STREET ADDRESS **2514 CHAMBERLIN DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE

NAME **D CULLEY, WALTER**  
STREET ADDRESS **27 HARBOUR POINT DR**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ DELETE

NAME **PD OOSTERHOF, AL**  
STREET ADDRESS **177 HARBOUR POINT DR**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ DELETE

NAME **SD BJERREGAARD, MARCIA**  
STREET ADDRESS **171 HARBOUR POINT DRIVE**  
CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE ☒ DELETE

NAME **VD REDIG, MIKE**  
STREET ADDRESS **2609 GLOVER ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD OOSTERHOF, AL**  
1.3 STREET ADDRESS **177 HARBOUR POINT DR**  
1.4 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VD BJERREGAARD, MARCIA**  
2.3 STREET ADDRESS **171 HARBOUR POINT DR**  
2.4 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D CULLEY, WALTER**  
3.3 STREET ADDRESS **819 GREENBRIER LANE**  
3.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **TD KRIEBERG, HYMEN**  
4.3 STREET ADDRESS **2514 CHAMBERLIN DR**  
4.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **SD CLEVELAND, ANTHONY**  
5.3 STREET ADDRESS **3406 DUNDALK DR**  
5.4 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **VD ROSS, SUE**  
6.3 STREET ADDRESS **43 HARBOUR POINT DR**  
6.4 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/99

850 385 0873  
Daytime Phone #

CR2E037 (11/98)