1/19/00-90133-010-$61.25-$61.25

DOCUMENT # 719400

1. Entity Name

APALACHEE BAY YACHT CLUB, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State
01-19-2000 90133 010 ****61.25

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 32314-5673

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2441392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OOSTERHOF, AL 177 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	Name: Bjerregaard, MARCIA Street Address (P.O. Box Number is Not Acceptable): 171 Harbour Point DR City: Crawfordville FL Zip Code: 32327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: X Marcia Bjerregaard MARCIA Bjerregaard Jan 11, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OOSTERHOF, AL 177 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change Title to VD Same Person	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BJERRE GAARD, MARCIA 171 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change title to PD Same Person	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULLEY, WALTER 819 GREENBRIER LANE TALLAHASSEE FL 32312	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	John Johnston 36 Pebble Ct Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KRIEBERG, HYMEN 2514 CHAMBERLIN DR. TALLAHASSEE FL 32312	☒ Delete	TITLE TD / NAME / STREET ADDRESS / CITY-ST-ZIP	Steve Albert 155 MORIAH Creek RD Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLEVELAND, ANTHONY 3406 DONDACK DR. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NO Change	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSS, SUE 443 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	☒ Delete	TITLE VD / NAME / STREET ADDRESS / CITY-ST-ZIP	Kingsley Ross 443 HARBOUR Point DR Crawfordville, FL 32327	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-9-2000 — 850/644-2865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #