

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 722481 (9)**

1. Corporation Name  
**THE YACHT & COUNTRY CLUB, INC.**



Principal Place of Business <b>3683 S.E. FAIRWAY EAST STUART FL 34997</b>	Mailing Address <b>3683 S.E. FAIRWAY EAST STUART FL 34997</b>
--	--

3. Date Incorporated or Qualified  
**01/20/1972**

4. FEI Number  
**59-1426270**

Applied For  Not Applicable

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

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

**KAPLAN, MICHAEL L  
3683 SE FAIRWAY E  
STUART FL 34997**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number Is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	NAME <b>OSTENDORF, PHILIP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3331 SE FAIRWAY WEST</b>	CITY-ST-ZIP <b>STUART FL</b>	1.2 NAME <b>PD Hogan, James</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	NAME <b>CLEAVER, HAL</b>	1.3 STREET ADDRESS <b>2931 SE Fairway West</b>	
STREET ADDRESS <b>3374 SE FAIRWAY EAST</b>	CITY-ST-ZIP <b>STUART FL</b>	1.4 CITY-ST-ZIP <b>Stuart, FL 34997</b>	
TITLE <b>VPTD</b>	NAME <b>HOGAN, JAMES</b>	2.1 TITLE <b>VP D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>2931 SE FAIRWAY WEST</b>	CITY-ST-ZIP <b>STUART FL</b>	2.2 NAME <b>Carl Edward</b>	
TITLE <b>LEG</b>	NAME <b>GODSHALK, ERNEST</b>	2.3 STREET ADDRESS <b>3361 SE Court Drive</b>	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	2.4 CITY-ST-ZIP <b>Stuart, FL 34997</b>	
TITLE <b>TD</b>	NAME <b>Keith Rowe</b>	3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	3.2 NAME <b>Keith Rowe</b>	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	3.3 STREET ADDRESS <b>2654 SE Fairway East</b>	
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	3.4 CITY-ST-ZIP <b>Stuart, FL 34997</b>	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	4.2 NAME <b>HAYDN OWENS</b>	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	4.3 STREET ADDRESS <b>2932 SE Fairway West</b>	
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	4.4 CITY-ST-ZIP <b>Stuart, FL 34997</b>	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	5.2 NAME	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	5.3 STREET ADDRESS	
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	5.4 CITY-ST-ZIP	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	6.2 NAME	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>	6.3 STREET ADDRESS	
TITLE <b>SD</b>	NAME <b>HAYDN OWENS</b>	6.4 CITY-ST-ZIP	
STREET ADDRESS <b>4369 WHITARAY WAY</b>	CITY-ST-ZIP <b>STUART FL</b>		

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: *Calder* **3/22/98** **561-287-3736**

CR2E037 (10/97)