


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90112 030 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 722481

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

| | |
|--|--|
| Principal Place of Business 3883 S.E. FAIRWAY EAST STUART FL 34997 | Mailing Address 3883 S.E. FAIRWAY EAST STUART FL 34997 |
|--|--|



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/20/1972 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1426270 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

KAPLAN, MICHAEL L
3883 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HOGAN, JAMES | |
| STREET ADDRESS | 2931 SE FAIRWAY WEST | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | OWENS, HAYDEN | |
| STREET ADDRESS | 3332 SE FAIRWAY WEST | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | ELWARD, CARL | |
| STREET ADDRESS | 3361 SE COURT DRIVE | |
| CITY-ST-ZIP | STUART FL 34497 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ROWE, KEITH | |
| STREET ADDRESS | 3654 SE FAIRWAY EAST | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VD Verne A. Trinkind |
| 2.3 STREET ADDRESS | 2951 SE FAIRWAY WEST |
| 2.4 CITY-ST-ZIP | STUART FL 34997 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | VD George D. Kann |
| 3.3 STREET ADDRESS | 3351 SE COURT DRIVE |
| 3.4 CITY-ST-ZIP | STUART FL 34997 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SD LOGAN H. WHARTON |
| 4.3 STREET ADDRESS | 3511 SE FAIRWAY WEST |
| 4.4 CITY-ST-ZIP | STUART FL 34997 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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** 3-18-99 561-287-3736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0075728
 CP2007 (11/08)