DOC# 727202

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Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90047 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 727202

1. Corporation Name

SOUTHBAY YACHT AND RACQUET CLUB OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
1400 SOUTHBAY DRIVE OSPREY FL 34229-6112	1400 SOUTHBAY DRIVE OSPREY FL 34229-6112

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/17/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1853018 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 30	6. Efection Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLASSMAN, GARY 2100 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MULIER, ROGER		1.2 NAME	MORRISSEY, JAMES	
STREET ADDRESS	181 LOOKOUT POINT		1.3 STREET ADDRESS	140 SEA ANCHOR DRIVE	
CITY-ST-ZIP	OSPREY FL 34229		1.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	T	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HILLS, ROBERT W.		2.2 NAME	CONNELLY, KEVIN	
STREET ADDRESS	242 LOOKOUT POINT DR		2.3 STREET ADDRESS	118 DORY LANE	
CITY-ST-ZIP	OSPREY FL 34229		2.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KILBOURNE, PAUL		3.2 NAME		
STREET ADDRESS	297 LOOKOUT POINT		3.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	O'LEARY, MICHAEL		4.2 NAME		
STREET ADDRESS	104 SEA ANCHOR DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWAN, BUD		5.2 NAME		
STREET ADDRESS	215 LOOKOUT POINT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	SHALKOR, JANET		6.2 NAME		
STREET ADDRESS	1221 FLYING BRIDGE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Paul Kilbourne Paul Kilbourne 1/12/99 941-966-4237
EXECUTIVE AND OWNER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Katherine Harris
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SOUTHBAY YACHT AND RACQUET CLUB OWNERS ASSOCIATI ON, INC.

* 993831 · 90047 · 39

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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1853018 ☐ Applied For ☐ Not Applicable
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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
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12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	MULIER, ROGER		1.2 NAME	KISIC, MICHAEL	
STREET ADDRESS	181 LOOKOUT POINT		1.3 STREET ADDRESS	200 YACHT HARBOR DRIVE	
CITY-ST-ZIP	OSPREY FL 34229		1.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	T	☐ DELETE	2.1 TITLE	S	☐ Change XX Addition
NAME	HILLS, ROBERT W.		2.2 NAME	VOLK, ROBERT K. JR	
STREET ADDRESS	242 LOOKOUT POINT DR		2.3 STREET ADDRESS	108 YACHT HARBOR DRIVE	
CITY-ST-ZIP	OSPREY FL 34229		2.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	VP	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	KILBOURNE, PAUL		3.2 NAME	KILBOURNE, PAUL	
STREET ADDRESS	297 LOOKOUT POINT		3.3 STREET ADDRESS	297 LOOKOUT POINT	
CITY-ST-ZIP	OSPREY FL 34229		3.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	S	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	O'LEARY, MICHAEL		4.2 NAME	O'LEARY, MICHAEL	
STREET ADDRESS	104 SEA ANCHOR DRIVE		4.3 STREET ADDRESS	104 SEA ANCHOR DRIVE	
CITY-ST-ZIP	OSPREY FL 34229		4.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change XX Addition
NAME	SWAN, BUD		5.2 NAME	TROJAN, ROBERT	
STREET ADDRESS	215 LOOKOUT POINT DR		5.3 STREET ADDRESS	402 YACHT HARBOR DRIVE	
CITY-ST-ZIP	OSPREY FL 34229		5.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SHALKOR, JANET		6.2 NAME	SHALKOP, JANET	
STREET ADDRESS	1221 FLYING BRIDGE DRIVE		6.3 STREET ADDRESS	1221 FLYING BRIDGE DRIVE	
CITY-ST-ZIP	OSPREY FL 34229		6.4 CITY-ST-ZIP	OSPREY, FL 34229	

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 1/12/99 941-966-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #