

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:20

DOCUMENT # 748718 (4)

1. Corporation Name

PALM COAST YACHT CLUB, INC.

Principal Place of Business

P O BOX 350528
PALM COAST FL 32135-0528

Mailing Address

P O BOX 350528
PALM COAST FL 32135-0528

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1979

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2287093

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SQUIRES, EDWARD
31 CHERRY TREE CT
PALM COURT FL 32137**

10. Name and Address of New Registered Agent

81 Name

Betty Kromberg

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

83

54 COTTON WOOD CT.

84 City

PALM COAST

FL

85 Zip Code

32137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Betty Kromberg

(NOTE: Registered Agent signature required when re-registering)

1/14/95

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MURRAY, LOIS
STREET ADDRESS	38 CLOVERDALE CT S
CITY-ST-ZIP	PALM COAST FL
TITLE	CD
NAME	SQUIRES, EDWARD
STREET ADDRESS	31 CHERRY TREE CT
CITY-ST-ZIP	PALM COAST FL
TITLE	VC
NAME	KROMBERG, BETTY
STREET ADDRESS	54 COTTONWOOD CT
CITY-ST-ZIP	PALM COAST FL
TITLE	D
NAME	MICHAELS, JOE
STREET ADDRESS	14 CHEROKEE CT
CITY-ST-ZIP	PALM COAST FL
TITLE	TD
NAME	MILLER, HENRY O
STREET ADDRESS	1 CLARENDON CT S
CITY-ST-ZIP	PALM COAST FL
TITLE	D
NAME	DIBARTOLO, PAUL
STREET ADDRESS	14 CHICKASAW CT
CITY-ST-ZIP	PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	ED
2.3 STREET ADDRESS	BETTY KROMBERG
2.4 CITY-ST-ZIP	54 COTTONWOOD CT PALM COAST FL 32137
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VC
3.3 STREET ADDRESS	REG HARRISON
3.4 CITY-ST-ZIP	25 CLUB HOUSE DR PALM COAST FL 32137
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	JOHN PEANN
4.4 CITY-ST-ZIP	43 CAPTAIN WALK PALM COAST FL 32137
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D
6.3 STREET ADDRESS	ROBERT VOGEL
6.4 CITY-ST-ZIP	407 PALM DR. FLOUNDER BEACH FL 32136

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 resolver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #