FILE NOW: FILING FEE IS $61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **754034** **(7)**

1. Corporation Name

TREASURE COAST PILOT CLUB OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
P O BOX 7280 VERO BEACH FL 32968 US	P O BOX 7280 VERO BEACH FL 32961-7280 US

3. Date Incorporated or Qualified: **09/04/1980**
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **51-0242733** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERTIER, BARBARA
2905 1ST LANE
VERO BCH FL 32966

10. Name and Address of New Registered Agent

81 Name: KARIN RAMSEY
82 Street Address (P.O. Box Number is Not Acceptable): 695 24 PL. SW
83
84 City: VERO BEACH **FL** 85 Zip Code: 32962

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: Karin Ramsey
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	EDWARDS, JOAN		1.2 NAME	MARGE NICKOLS	
STREET ADDRESS	10 TARPAN DR		1.3 STREET ADDRESS	855 S.W. HIGHLAND DR	
CITY-ST-ZIP	VERO BCH FL		1.4 CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	T	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PELTIER, BARBARA		2.2 NAME		
STREET ADDRESS	2905 1ST LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	CALLAHAN, DEBORAH		3.2 NAME		
STREET ADDRESS	306 14TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	RAMSEY, KARIN		4.2 NAME		
STREET ADDRESS	695 24 PL SW		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	DAVIS, SHIRLEY		5.2 NAME	BARBARA MROZ	
STREET ADDRESS	635 34TH TERR		5.3 STREET ADDRESS	3100 N. A1A PHD4	
CITY-ST-ZIP	VERO BCH FL		5.4 CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	P	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	NICHOLS, MARGE		6.2 NAME	TERRI WAGNER	
STREET ADDRESS	855 SW HIGHLAND DR.		6.3 STREET ADDRESS	6199 ISLAND HARBOR RD	
CITY-ST-ZIP	VERO BCH, FL 00000		6.4 CITY-ST-ZIP	SEBASTIAN FL 32958	

CR2E037 (9/96)

14. I do 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: Barbara Pertier REQUIRED — 4-8-97 — 561 562-9031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0020691