

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 756319 (0)**  
1. Corporation Name  
**NETTLES ISLAND YACHT CLUB, INC.**



Principal Place of Business: **JENSEN BEACH, JENSEN BEACH FL 34957-2364, US**  
Mailing Address: **9801 S. OCEAN DR., JENSEN BCH FL 34957-2364**

3. Date Incorporated or Qualified: **02/11/1981**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-2243889</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>23</b>	<b>28</b>		
Zip	Country	<b>24</b>	<b>25</b>
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MARSHALL, EDWARD**  
**9801 S. OCEAN DR. #1080-2**  
**JENSEN BCH FL 34957**

<b>B1</b> Name	
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>	
<b>B4</b> City	<b>FL</b>
<b>B5</b> 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: *Edward J. Marshall* **Edward Marshall** **4-26-96**  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHALL, EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>9801 S OCEAN DR #1080-2</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, GORDON</b>	2.2 NAME	
STREET ADDRESS	<b>9801 S. OCEAN DR #848-2</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VC</b> <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	3.1 TITLE	<b>Vice Commodore</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'DONNELL, LAWRENCE</b>	3.2 NAME	<b>Frank Abell</b>
STREET ADDRESS	<b>9802 S. OCEAN DRIVE #797-2</b>	3.3 STREET ADDRESS	<b>4613 Dryfus Avenue</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957-2364</b>	3.4 CITY-ST-ZIP	<b>Stuart, FL 34997</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODWORTH, TOM</b>	4.2 NAME	
STREET ADDRESS	<b>9801 S. OCEAN DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957-2364</b>	4.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUE, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>9801 S OCEAN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34570-2364</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, HELEN Lee</b>	6.2 NAME	
STREET ADDRESS	<b>9801 S. OCEAN DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957-2364</b>	6.4 CITY-ST-ZIP	

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 119.07(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 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: *Helen Lee Clark* **Helen Lee Clark** **4-26-96** **407-229-0958**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)