

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756319 (0)**

1. Corporation Name  
**NETTLES ISLAND YACHT CLUB, INC.**



Principal Place of Business <b>JENSEN BEACH JENSEN BEACH FL 34957-2364 US</b>	Mailing Address <b>9801 S. OCEAN DR. JENSEN BCH FL 34957-2364</b>
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2. Principal Place of Business <b>21 Nettles Island</b> Suite, Apt. #, etc.	2a. Mailing Address <b>28 9801 S. Ocean Dr.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>02/11/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
<b>22 Jensen Beach, FL</b> City & State	<b>27</b> City & State	4. FEI Number <b>59-2243889</b>	Applied For <input type="checkbox"/> Not Applicable
<b>23</b> Zip	<b>25 ST. Lucie</b> Country	<b>29</b> Zip	<b>30</b> Country
<b>24 34957</b>	<b>25 ST. Lucie</b>	<b>29</b>	<b>30</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</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 DATE 5-14-97  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Commodore</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHALL, EDWARD</b>	1.2 NAME	<b>Edward Marshall</b>
STREET ADDRESS	<b>9801 S OCEAN DR #1080-2</b>	1.3 STREET ADDRESS	<b>9801 S Ocean Dr #1080-2</b>
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	1.4 CITY-ST-ZIP	<b>Jensen Bch, Fl 34957</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, GORDON</b>	2.2 NAME	<b>same</b>
STREET ADDRESS	<b>9801 S. OCEAN DR #848-2</b>	2.3 STREET ADDRESS	<b>same</b>
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	2.4 CITY-ST-ZIP	<b>same</b>
TITLE	<b>VC</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Vice Comm.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABELL, FRANK</b>	3.2 NAME	<b>William Lynch</b>
STREET ADDRESS	<b>4813 DRYFUS AVENUE</b>	3.3 STREET ADDRESS	<b>9801 S. Ocean Drive #956-2</b>
CITY-ST-ZIP	<b>STUART FL</b>	3.4 CITY-ST-ZIP	<b>Jensen Bch, Fl 34957</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODWORTH, TOM</b>	4.2 NAME	<b>Robert True</b>
STREET ADDRESS	<b>9801 S. OCEAN DRIVE</b>	4.3 STREET ADDRESS	<b>9801 S. Ocean Dr. ##756-2</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957-2364</b>	4.4 CITY-ST-ZIP	<b>Jensen Beach, Fl #4957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUE, ROBERT</b>	5.2 NAME	<b>Jay Lankheet</b>
STREET ADDRESS	<b>9801 S OCEAN DRIVE</b>	5.3 STREET ADDRESS	<b>9801 S. Ocean Dr. # 397-2</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL 34570-2384</b>	5.4 CITY-ST-ZIP	<b>Jensen Beach, Fl 34957</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, HELEN L</b>	6.2 NAME	<b>Same</b>
STREET ADDRESS	<b>9801 S. OCEAN DRIVE</b>	6.3 STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957-2364</b>	6.4 CITY-ST-ZIP	<b>Same</b>

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: Edward J. Marshall SIGNATURE REQUIRED DATE: 5-14-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)