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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756319

1. Corporation Name
NETTLES ISLAND YACHT CLUB, INC.

Principal Place of Business NETTLES ISLAND JENSON BEACH FL 34957 US	Mailing Address 9801 S. OCEAN DR. JENSEN BCH FL 34957-2364 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/11/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2243889
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CLARK, HELEN LEE 9801 S. OCEAN DR. #1213 JENSEN BCH FL 34957-2399	10. Name and Address of New Registered Agent 81 Name HENRYETTE E. MARSHALL 82 Street Address (P.O. Box Number is Not Acceptable) 1080 NETTLES BLVD. 83 JENSEN BEACH, FL. 34957-3385 84 City FL 85 Zip Code
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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: *Henryette E. Marshall* DATE: *March 5, 1999*

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 C <input type="checkbox"/> DELETE	NAME VITALE, JAMES	1.1 TITLE ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME COMMODORE VITALE, JAMES
STREET ADDRESS 9801 S. OCEAN DR., #448-2	CITY-ST-ZIP JENSEN BEACH FL 34957-2364	1.3 STREET ADDRESS 448 NETTLES BLVD?	1.4 CITY-ST-ZIP JENSEN BEACH, FL 34957
TITLE D <input type="checkbox"/> DELETE	NAME ANDERSON, GORDON	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME D
STREET ADDRESS 9801 S. OCEAN DR #448-2	CITY-ST-ZIP JENSEN BCH FL	2.3 STREET ADDRESS ANDERSON, GORDON	2.4 CITY-ST-ZIP 848 NETTLES BLVD.
TITLE VC <input checked="" type="checkbox"/> DELETE	NAME MARSHALL, HENRYETTE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME VC
STREET ADDRESS 9801 S. OCEAN DR #1080-2	CITY-ST-ZIP JENSEN BCH FL 34957-2364	3.3 STREET ADDRESS AMRHEIN, ROBERT	3.4 CITY-ST-ZIP 575 NETTLES BLVD, JENSEN BCH, FL
TITLE S <input type="checkbox"/> DELETE	NAME VITALE, BARBARA	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME SEC.-VITALE, BARBARA
STREET ADDRESS 9801 S. OCEAN DR #448-2	CITY-ST-ZIP JENSEN BCH FL 34957-2364	4.3 STREET ADDRESS 448 NETTLES BLVD.	4.4 CITY-ST-ZIP JENSEN BCH, FL. 34957
TITLE D <input checked="" type="checkbox"/> DELETE	NAME LANKHEET, JAY	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME D.-MARSHALL, EDWARD
STREET ADDRESS 9801 S. OCEAN DR., #397-2	CITY-ST-ZIP JENSEN BEACH FL 34957-2364	5.3 STREET ADDRESS 1080 NETTLES BLVD	5.4 CITY-ST-ZIP JENSEN BCH., FL. 34957
TITLE T <input checked="" type="checkbox"/> DELETE	NAME CLARK, HELEN L	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME T.-MARSHALL, HENRYETTE
STREET ADDRESS 9801 S. OCEAN DRIVE #1213	CITY-ST-ZIP JENSEN BEACH FL 34957-2399	6.3 STREET ADDRESS 1080 NETTLES BLVD.,	6.4 CITY-ST-ZIP JENSEN BCH., FL. 34957

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James M Vitale* DATE: *3/1/99* DAYTIME PHONE #: *(561) 229-8754*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)