DOCUMENT # 756319

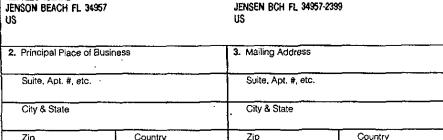
1. Entity Name

NETTLES ISLAND YACHT CLUB, INC.

Principal Place of E	Business
NETTLES ISLAND	
JENSON BEACH FL	34957

Mailing Address

9801 S. OCEAN DR. JENSEN BCH FL 34957-2399



FILED Apr 27, 2000 8:00 am Secretary of State

02-15-2000 90059 029 ****66.25



Suite, Apt. #, etc. Suite, Apt. #, etc.		57 (Maining 7.654.955			l'égaill ionas duite buile buile buile litain iole avoit aibh oileit aight arait arait arait					
		<u></u>		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI Number 59-2243889				ied For Applicable		
Zip 3 + 9 5 7	Country 7	Zip 34957	Sountry St. L	ucir	5. Certificate	of Status Desired		8.75 Additi	onal	
		Registered Agent			7Name and	Address of New Re	gistored Ag	ent	·	
				9					i	
MARSHAL, HENRYETTE E 1080 NETTLES BLVD. JENSEN BCH FL 34957-3385		Stree	Street Address (P.O. Box Number is Not Acceptable)							
JEMOEM DOLL LE 04801-0000			City		•		FL	Zip Code	- 1	
A 75		. No. a.		or rogista	rad agant as bot	in the state of Eler		<u> </u>	_ 	
8. The above r	named entity submits this statement for	r the purpose of changing it	s registered office	or register	red agent, or dou	1, III the State of Flui	ua.			
		1 11	-1		_		4.	/		
SIGNATURE _	Henryette & Ma	rahill	Treas	us ze	!\r\ 		TU	10,2		
	Signature, typed or printed name of registered agent a		TE: Registered Agent sig	gnature required	d when reinstating)		DATE		į	
		1								
FILE NOW: 9. Election Campaig		n Financing _	\$5.0	.00 May Be Make Cl		Check P	neck Payable to			
FEE IS \$61,25 Trust Fund Contribution			bution. 🗀	☐ Added to Fees Department of State						
	66.25	<u> </u>				LUGES TO OFFICE	NO 1110 010	EOTODO IN		
10.	OFFICERS AND DIF		11.			ANGES TO OFFICE			Addition	ြန
	C D	Delete	TITLE	70	E MORE	as Bivd.	-1/	Change	Applicati	(66/6)
	VITALE, JAMES	<i>/</i>	NAME Street Addre	E 42	7 NE//	- 2.2				
STREET ADDRESS City-St-Zip	448 NETTLES BLVD.		CITY-ST-2IP	" JEN	USEN BC	H, FL. 349.	57			R2E037
	JENSEN BEACH FL 34957	Delete	TITLE					Change	Addition	18
TITLE NAME	ANDERSON, GORDON	S (A Delete	NAME	1				TT outside		Ĭ
	848 NETTLES BLVD.		STREET ADDRE	SS						
CITY-ST-ZIP	JENSEN BCH FL		CITY-ST-ZIP].
TITLE	VC D	Delete	TITLE					Change	Addition]
NAME	AMRHEIN, ROBERT	(\mathcal{V})	NAME	-						ĺ
STREET ADDRESS	575 NETTLES BLVD.		STREET ADDRE	ss						l
City-St-Zip	JENSEN BCH FL		CITY-ST-ZIP		·					
TITLE	S	Delete	TITLE	(3)	_	· muel		Change	Addition	
NAME	VITALE, BARBARA		NAME	219	NA MOI	ies Blud.				
STREET ADDRESS	448 NETTLES BLVD.		STREET ADDR	ESS 37	SOLI B	an mi	1166-)		
CITY-ST-ZIP	JENSEN BCH FL 34957		CITY-ST-ZIP	NE	NSEN 13	CH. FL. 3	473 /			-
tinue		☐ Delete	TITLE	- }				Change	Addition	
NAME	MARSHALL, EDWARD	₹	NAME							
STREET ADDRESS	1080 NETTLES BLVD.	**	STREET ADDR CITY-ST-ZIP	199						
CITY-SY-ZIP	JENSEN BEACH FL 34957			- 		<u></u>		Change	☐ Addition	1
TITLE	1 ⁻	Delete Delete	TITLE		reaser	20 alu	4	□ cuante		
NAME Street Address	MARSHALL, HENRYETTE 1080 NETTLES BLVD.	(\mathcal{V})	NAME STREET ADDR	ESS 0		glis Bln	13492	5 ツ		
CITY-ST-ZIP	JENSEN BEACH FL 34957	_ /	CITY-ST-ZIP		miss o	~~~, ~~,		,		1
0411-01-Ep	INCINOCIA DEMOLI EL 24821		V 01 4"							-

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 sh-10, 2000 · 561-229-1158