

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 # 761541 (2)

1. Corporation Name

LOBLOLLY BAY YACHT CLUB, INC.

Principal Place of Business

8000 SE LITTLE HARBOUR DR
HOBE SOUND FL 33455

Mailing Address

8000 SE LITTLE HARBOUR DR
HOBE SOUND FL 33455



3. Date Incorporated or Qualified
01/20/1982

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2173283

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

10. Name and Address of New Registered Agent

FLANIGAN, JOHN F. (ESQUIRE)
625 N. FLAGLER DR. 9TH FLOOR
WEST PALM BEACH FL 33402

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when: none stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WIRTH, WILLARD R
STREET ADDRESS 8030 SE LITTLE HARBOUR
CITY-ST-ZIP HOBE SND FL ☐ DELETE

TITLE SD
NAME RUNYON, RALPH A JR
STREET ADDRESS 79 BUENA VISTA AVE
CITY-ST-ZIP RUMSON NJ ☒ DELETE

TITLE D
NAME SCHANCK, TOM
STREET ADDRESS 38 CROYDON LANE
CITY-ST-ZIP OAK BROOK IL ☒ DELETE

TITLE AV
NAME WORRALL, STEVEN R
STREET ADDRESS 8000 SE LITTLE HARBOUR D
CITY-ST-ZIP HOBE SND FL ☐ DELETE

TITLE D
NAME YARNALL, JAMES BA.
STREET ADDRESS 514 CONESTOGA ROAD
CITY-ST-ZIP VILLANOVA PA ☒ DELETE

TITLE TD
NAME WENTZ, HOWARD
STREET ADDRESS 173 ADAMS LANE
CITY-ST-ZIP NEW CANAAN CT ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE D
22 NAME George Bodeen
23 STREET ADDRESS 7602 SE Sanderling Pl
24 CITY-ST-ZIP Hobe Sound, FL 33455 ☐ Change ☒ Addition

31 TITLE PD
32 NAME Walter Mc Nerney
33 STREET ADDRESS 7900 SE Little Harbort Drive
34 CITY-ST-ZIP Hobe Sound, FL 33455 ☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Worrall

3-5-96

Date

(407) 546-3660

Daytime Phone #

CR2E037 (12/95)