


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | |
| 4. FEI Number 59-2173283 | Applied For <input type="checkbox"/> Not Applicable |
| 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 28 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME WIRTH, WILLARD R | |
| STREET ADDRESS 8030 SE LITTLE HARBOUR HOBE SND FL | |
| CITY-ST-ZIP | |
| TITLE D P | <input type="checkbox"/> DELETE |
| NAME BODEEN, GEORGE | |
| STREET ADDRESS 7602 SE SANDERLING PLACE HOBE SOUND FL | |
| CITY-ST-ZIP | |
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME MCNERNEY, WALTER | |
| STREET ADDRESS 7900 SE LITTLE HARBOUR DRIVE HOBE SOUND FL | |
| CITY-ST-ZIP | |
| TITLE AV | <input type="checkbox"/> DELETE |
| NAME WORRALL, STEVEN R | |
| STREET ADDRESS 8000 SE LITTLE HARBOUR D HOBE SND FL | |
| CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> DELETE |
| NAME WENTZ, HOWARD | |
| STREET ADDRESS 173 ADAMS LANE NEW CANAAN CT | |
| CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> DELETE |
| NAME ROBT. SHEEHAN | |
| STREET ADDRESS 7800 SE LITTLE HARBOUR DR. HOBE SOUND FL 33455 | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: _____ DATE: **2/26/98** **54-546-366A**

CR2E037 (10/97)