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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

765125

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| FILED |
|--------------------|
| Apr 16 1998 8:00am |
| Secretary of State |

| 1. Corporatio | on Name | V · / | | | | | |
|---|---|---|-----------------------------------|--|--|--|--|
| | ACOLA BEACH YACHT CLUB | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | 211 21211 41411 61411 91211 41211 1431 | | |
| 701-B PENSAC PENSACOLA B US | OLA BEACH BLVD ICH FL 32561 | P OBOX 1112 GULBREEZE FL 32561 US | | 3. Date Incorporated or Qualified 09/20/1982 | | | |
| | | | | 4. FEI Number | Applied For | | |
| 2. Principal P | Place of Business | 2a. Malling Address | | 59-2285482 | Not Applicable | | |
| 21 | | 26 | | 5. Certificate of Status Desired |] \$8.75 Additional Fee Required | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 6. Election Campaign Financing | \$5.00 May Be | | | |
| City & State City & | | City & State | <u>,</u> | Trust Fund Contribution | | | |
| 23 Pensocolo #L | | 28 | | 7. Is this nonprofit corporation a homeo | | | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid th | | | |
| 24 325 | 7 20 17.12 | 29 | 30 | Personal Property Tax due June 30. | Yes 🔀 No | | |
| | 9. Name and Address of Current | Registered Agent | 41 | 10. Name and Address of New Regist | ered Agent | | |
| SIOVES! | | | 81 Name | ELIVANDO GUIDEZ | | | |
| | ING, HAL | | 62 Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| 1801 HALLMARK DR PENSACOLA FL 32503 | | | 83 | E. Olive No. #24 | | | |
| I Citoria | SOLVE GEGGG | | | | | | |
| | | | 84 City Pc | NSACOLA | FL 85 Zip Code 32.5// | | |
| 11. Pursuant | 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 | | | | | | |
| 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 | J'C/-N ANDO GUA Signature, typed or printed name of regispered agent | | E: Registered Agent signature req | 4/ | 5/98 | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 | | |
| TITLE | VC | ☐ DELETE | 1.1 TITLE | <u>'C</u> | Change | | |
| NAME | PICKERING, HAL | | 1.2 NAME J | oc Stanley | | | |
| STREET ADDRESS | 1801 HALLMARK DR | | 1.3 STREET ADDRESS | 410 Via Deluna | | | |
| CITY-ST-ZIP | PENSACOLA FL PD | ☐ DELETE | | <u>Pensacola Beach, Fl</u> | M other Thades | | |
| TITLE | STANLEY, JOSEPH E | | 2.1 TITLE 2.2460AE | arol Robison 2. #- | | | |
| STREET ADDRESS | 1410 VIA DELUNA | 1, | | 1040 Bayshore Rd. E | | | |
| CITY-ST-ZIP | PENSACOLA BEACH FL | O | 2.4 CITY-ST-ZIP | | 561 | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | 5D | Change | | |
| NAME | RHEAULT, SHRISTINA | | / // | prifee Shaeffer | 1 4 | | |
| STREET ADDRESS | 100 FORT PICKENS RD 206 | | 3.3 STREET ADDRESS Z | 819 Clearlake place | | | |
| CITY-ST-ZIP TITLE | PENSACOLA BCH FL D | ☐ DELETE | 3.4. CITY ST-ZIP | July Breeze, 1-1 | 3 2 5 6 1 | | |
| NAME | DUNBAR, DICK | | 4.1 TIPLE 4.2 NAME | Hz Miller | - | | |
| STREET ADDRESS | 500 DEER POINT | | 43 STREET ADDRESS 5 | 218 Westwind Circle | ૯ | | |
| CITY-ST-ZIP | GULF BREEZE FL | | 4.4 CITY-ST-ZIP | Pensacola, F1 325 | 24 | | |
| TITLE | TD | ☐ DELETE | | | 134 At | | |
| NAME | FINKBONE, RITA | | 5.2 NAME | ernando Guedez. | + | | |
| STREET ADDRESS | 909 PANFERIO | | 5.3 STREET ADDRESS 3 | hacasala Pl 400 | בי | | |
| CITY-ST-Z#P | PENSACOLA BCH FL | TV NOTI CTT | | ensacola, Fl 325 | | | |
| TITLE NAME | D Robison, Carol | POELETE | 6.1 TITLE | janda Hamilton | Change Addition | | |
| STREET ADDRESS | 1070 BAYSHORE RD E | | 6.2 NAME 6.3 STREET ADDRESS | 000 Wilde Lake Blue | d . | | |
| SINCE ADUNESS | ONE SPECTE EI | | | possenta El 326 | | | |

CITY-ST-ZIP GULF BREEZE FL

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 ceth; 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:

ENDWARDS: EGULLALIBED

4/5/98

(850)983-5929