

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 # **N07292** (8)

1. Corporation Name

PLATINUM POINT YACHT CLUB, INC.



Principal Place of Business

Mailing Address

3601 CAPE COLE BLVD
PUNTA GORDA FL 33955
US

3601 CAPE COLE BLVD
PUNTA GORDA FL 33955
US

3. Date Incorporated or Qualified **01/24/1985** 3a. Date of Last Report **03/02/1995**

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

59-2601311

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

CLARK, CAROL M SECRETARY-
3180 MATECUMBE KEY RD
PUNTA GORDA FL 33955

81 Name **CLARK, CAROL M OFFICE MANAGER**

82 Street Address (P.O. Box Number is Not Acceptable)
3601 CAPE COLE BLVD

83

84 City **PUNTA GORDA** FL 85 Zip Code **33955**

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

Carol M. Clark

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

(NOTE: Registered Agent signature required when re-registering)

DATE **2/1/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SISK, JOHN L.	
STREET ADDRESS	2150 GULFVIEW RD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DILLON, GLENN	
STREET ADDRESS	3230-36 C SOUTH SHORE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GIORGIO, JOSEPH F	
STREET ADDRESS	1 PIRATES LANE #11-C	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CHARLES W.	
STREET ADDRESS	2 PIRATES LN., #23-C	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INGERSON, HELEN	
STREET ADDRESS	3220-34 C SO. SHORE DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, CAROL M.	
STREET ADDRESS	24203 SAVORY LN.	
CITY-ST-ZIP	PUNTA GORDA FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SIMMONS, GEORGE A	
1.3 STREET ADDRESS	2645 W MARION, #612	
1.4 CITY-ST-ZIP	PUNTA GORDA FL 33951	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DeWALT, EARL W	
4.3 STREET ADDRESS	1401 SURFBIRD CT	
4.4 CITY-ST-ZIP	PUNTA GORDA FL 33951	
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	COVERT, DELORES D	
6.3 STREET ADDRESS	1405 ISLAMORADA BLVD	
6.4 CITY-ST-ZIP	PUNTA GORDA FL 33955	

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: *George A Simmons - Commodore* 2-2-96 941-639-0091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
941-639-0733

CR2E037 (12/95)