1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N07292**

1. Corporation Name

## PLATINUM POINT YACHT CLUB, INC.

Principal Place of Busines
3601 CAPE COLE BLVD
PUNTA GORDA FL 33955
HC

2. Principal Place of Business

Mailing Address

3601 CAPE COLE BLVD PUNTA GORDA FL 33955

2a. Mailing Address

US

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## FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90020 046 \*\*\*\*70.00

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3. Date Incorporated or Qualifed

01/24/1985

Suite, Apt.	#. etc.	Suite, A	pt. #, etc.	1			4. FEI Number		Applied For	
22		27					59-2601311	11	Not Applicable	
City_& State	9	City.& S	tate					<b>⇒ - \$8.75</b>	Additional	
23		28					5. Certifcate of Status Desired	Fee F	Required	
Zip	Country	Zip		Country			6. Election Campaign Financing	\$5.00	0 May Be	
24	25	29	30	ภ			Trust Fund Contribution	Added	d to Fees	
	9. Name and Address of Curre			1			10. Name and Address of New Reg	istered Agent		
					81 Name					
OLARY CAROL M					OL - LA LL (D.O. Day Aliyahar in Not Apportable)					
CLARK, CAROL M.					82 Street Address (P.O. Box Number is Not Acceptable)					
3601 CAPE COLE BLVD					83					
PUNTA GORDA FL 33955										
	14条分支8条件。15			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		
42	Signature, typed or printed name of registered ag		(NOTE: Re	13.	it signature f	eduirea w	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
12.	P OFFICERS A	ND DIRECTORS	DELETE	1.1 TITLE		D		[X] Change		
TITLE	•		O DECENE	1.2 NAME		ן ר				
NAME	VALENTE, RICHARD G								Į	
STREET ADDRESS	24312 CONTRA COSTA LANE				ADDRESS					
CITY+ST-ZIP	PUNTA GORDA FL 33955		DELETE	1.4 CITY-S	T-ZIP			☐ Change	e Addition	
TITLE	D		□ DETE IE	2.1 TITLE						
NAME	SHOOP, HAMILTON			2.2 NAME						
STREET ADDRESS	900 ISLAMORADA BLVD			2.3 STREE						
CITY-ST-ZIP	PUNTA GORDA FL		34 ·	2.4 CITY-5	T-ZIP	<u> </u>		☐ Change	e 🔯 Addition	
TITLÉ	<b>S</b> '		X DELETE	3.1 TITLE		S			3 X Modilion	
NAME	MARTINE, CAROLE			3.2 NAME		AL	LEN, BETTYOM 813 Hibiscus Cove			
STREET ADDRESS	2360-62B SOUTH SHORE DRI	VE		3.3 STREET	ADDRESS					
CiTY-ST-ZiP	PUNTA GORDA FL			3.4. CITY-5	T-ZIP	Pu	nta Gorda, FL 33	3955		
TITLE	D		₩ DETELE	4.1 TITLE		D		☐ Chang	e 🔀 Addition	
NAME	DEWALT, EARL W.			4. 2 NAME		WA	LTERS, LEWIS W			
STREET ADDRESS	1401 SURFBIRD COURT			4.3 STREE	TADDRESS	40	01 CAPE COLE BLVI	)		
CITY-ST-ZIP	PUNTA GORDA FL			4.4 CITY-S	T-ZIP	PU	NTA GORDA, FL 3	<u> 3955</u>		
TITLE	D		☐ DELETE	5.1 TITLE				☐ Chang	e 🗀 Addition	
NAME	ROY, PAUL R			5.2 NAME					ł	
STREET ADDRESS	2001 KING TARPON DRIVE			5.3 STREE	TADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL 33955			5.4 CITY-S	T-ZIP					
TITLE	T		X DELETE	6.1 TITLE		Т		Change	e 🙀 Addition	
NAME	COVERT, DELORES D.			6.2 NAME		Ār	GATE, LOREN C			
STREET ADORESS				6.3 STREE	TADDRESS	32	45 24A SUGARLOAF	KEY RD		
CITY OF 7ID : 12	PLINTA-GORDA FL			6.4 CITY-S	T-ZIP	ı		3955		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), FIG. 3.59.39.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), FIG. 3.59.39.

15. I further certify that the information with an 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 op an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REDirector/Vice Commodor4/26/99

941-639-0733

Daytime Phone #

CR2E037 (11/98)