

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28955** (5)

1. Corporation Name

DAVIS ISLAND YACHT CLUB, INC.

Principal Place of Business

Mailing Address

**1315 SEVERN AVE
TAMPA FL 33606
US**

**1315 SEVERN AVE.
TAMPA FL 33605
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

10/20/1988

3a. Date of Last Report

06/29/1995

4. FEI Number

59-0870549

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

**TERRY, WILLIAM
BARNETT PLAZA
101 E. KENNEDY BLVD, STE 2580
TAMPA FL 33601**

81 Name

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

83

**300001893593
-07/16/96--01002--013**

84 City

*****61.25**

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 reinstating)

DATE

6-13-91

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	LEONARDO, STEVE	
STREET ADDRESS	505 E DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	GEIGER, FRED	
STREET ADDRESS	9250 N 56TH ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	MOLLER, PETE	
STREET ADDRESS	645 GENEVA PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	HODGES, JOHN G	
STREET ADDRESS	2109 W HILLS AVE TWNHS B	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	CINTRON, SUE	
STREET ADDRESS	322 W FERN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	GRIFFIN, BOB	
STREET ADDRESS	420 DANUBE AVE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	D	Commodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		John Hodges	
1.3 STREET ADDRESS		2109 W. Hills Ave. #B	
1.4 CITY-ST-ZIP		Tampa, FL 33606	
2.1 TITLE	D	Vice Commodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Don Highnote	
2.3 STREET ADDRESS		1322 Lake George Lane	
2.4 CITY-ST-ZIP		Tampa, FL 33618	
3.1 TITLE	D	Rear Commodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Dave German	
3.3 STREET ADDRESS		329 Columbia Dr.	
3.4 CITY-ST-ZIP		Tampa, FL 33606	
4.1 TITLE	D	Fleet Captain	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		Jim Mallory	
4.3 STREET ADDRESS		PO Box 25771	
4.4 CITY-ST-ZIP		Tampa, FL 33622-5771	
5.1 TITLE	D	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		Terry Miller	
5.3 STREET ADDRESS		1409 S. Albany	
5.4 CITY-ST-ZIP		Tampa, Florida 33606	
6.1 TITLE	<input checked="" type="checkbox"/>	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		420 Danube Ave.	
6.3 STREET ADDRESS		Tampa, FL 33606	
6.4 CITY-ST-ZIP			

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 **Terry Miller**

Date

6/11/96 815-821
Daytime Phone # **2086**

CR2E037 (3/96)