

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

1315 SEVERN AVE  
TAMPA FL 33606  
US

Mailing Address

1315 SEVERN AVE.  
TAMPA FL 33605  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

REINSTATEMENT

3. Date Incorporated or Qualified  
10/20/1988

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

TERRY, WILLIAM  
BARNETT PLAZA  
101 E. KENNEDY BLVD, STE 2560  
TAMPA FL 33601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DECROES, GAIL	
STREET ADDRESS	5412 CRESCENT DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGHNOTE, DON	
STREET ADDRESS	1322 LAKE GEORGE LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	Change Tres (D)	<input type="checkbox"/> DELETE
NAME	CALKA, BRIAN A	
STREET ADDRESS	15935 NOTTINGHILL DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALLORY, JIM	
STREET ADDRESS	PO BOX 25771 (N/A)*	
CITY-ST-ZIP	TAMPA FL 33622-5771	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, LEON A JR	
STREET ADDRESS	2908 W TEXAS AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELPH, FRANK	
STREET ADDRESS	802 S NEWPORT	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terry Miller	
1.3 STREET ADDRESS	210 S. Coolidge Ave	
1.4 CITY-ST-ZIP	Tampa, FL 33609	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pete Moller	
2.3 STREET ADDRESS	645 Geneva Pl.	
2.4 CITY-ST-ZIP	Tampa FL 33606	
3.1 TITLE	Nancy Deringer Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	74 Davis Blvd #8	
3.3 STREET ADDRESS	Tampa, FL 33606	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/98

Date

Daytime Phone #

APPROVED  
AND  
FILED

98 DEC 14 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E037 (5/98)