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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28955

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 33606
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MILLER, TERRY
210 S. COLLIDGE AVE
TAMPA FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HIGGINS, DON
1322 LAKE GEORGE LANE
TAMPA FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CALKA, BRIAN A
15935 NOTTINGHILL DR
LUTZ FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MOLLER, PETE
645 GENEVA PL
TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DERINGER, NANCY
74 DAVIS BLVD #8
TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SELPH, FRANK
802 S NEWPORT
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
ROBERT GRIFFEN
1315 SEVERN
TAMPA FL 33606

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DT
CHERYL JONES
1315 SEVERN
TAMPA FL 33606

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
JOSEPH BLOVIN
1315 SEVERN
TAMPA FL 33606

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D
CLAY TANAKA
1315 SEVERN
TAMPA FL 33606

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D
JAY TYSON
1315 SEVERN
TAMPA FL 33606

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 5/24/99 BY 813-257-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (11/98)