

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 # **N36989 (4)**
1. Corporation Name
ANCHOR BOAT CLUB, INC.



Principal Place of Business: **C/O PAUL A. GAULIN, 8 CONLEY CT., PALM COAST FL 32137**
Mailing Address: **C/O PAUL A. GAULIN, 8 CONLEY CT., PALM COAST FL 32137**

3. Date Incorporated or Qualified: **03/05/1990**
3a. Date of Last Report: **05/11/1995**

2. Principal Place of Business
21 **Honey Maresco**
Suite, Apt. #, etc.
22 **13 Cotton Court**
City & State
23 **Palm Coast, FL**
Zip
24 **32137**
Country
25 **Flagler**
2a. Mailing Address
26 **Anchor Boat Club, Inc.**
Suite, Apt. #, etc.
27 **P.O. Box 351501**
City & State
28 **Palm Coast, FL**
Zip
29 **32135-1501**
Country
30 **Flagler**

4. FEI Number: **59-3047602**
Applied For: 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
**GUNTARP, PAUL M., JR.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DC	NAME: MONDELLO, JOSEPH STREET ADDRESS: 40 WESTMORE LA CITY-ST-ZIP: PALM COAST FL	11 TITLE: DC 12 NAME: Honey Maresco 13 STREET ADDRESS: 13 Cotton Ct. 14 CITY-ST-ZIP: PALM COAST, FL 32137
TITLE: DVC	NAME: DELGROSSO, SAVERIO STREET ADDRESS: 52 CHRISTOPHER CT CITY-ST-ZIP: PALM COAST FL	21 TITLE: DVC 22 NAME: ALAN GROSSMAN 23 STREET ADDRESS: 20 Cochise Ct. 24 CITY-ST-ZIP: PALM COAST, FL 32137
TITLE: DS	NAME: GAYNOR, DIANE STREET ADDRESS: 29 CONLEY CT CITY-ST-ZIP: PALM COAST FL	31 TITLE: DS 32 NAME: DOTTIE O'BRIEN 33 STREET ADDRESS: 50 Cold Spring Ct. 34 CITY-ST-ZIP: Palm Coast, FL 32137
TITLE: DT	NAME: GROSSMAN, BARBARA STREET ADDRESS: 20 COCHISE COURT CITY-ST-ZIP: PALM COAST FL	41 TITLE: _____ 42 NAME: _____ 43 STREET ADDRESS: _____ 44 CITY-ST-ZIP: _____
TITLE: DRC	NAME: MERCANTE, ANTHONY STREET ADDRESS: 10 VALENCIA STREET CITY-ST-ZIP: PALM COAST FL	51 TITLE: DRC 52 NAME: DOTTIE ERIKSEN 53 STREET ADDRESS: 39 Colonial Ct. 54 CITY-ST-ZIP: Palm Coast, FL 32137
TITLE: DFC	NAME: WAKEMAN, PHILIP STREET ADDRESS: 9 CEDARVIEW COURT CITY-ST-ZIP: PALM COAST FL	61 TITLE: DFC 62 NAME: Mike Mercante 63 STREET ADDRESS: 65 Commanche Ct. 64 CITY-ST-ZIP: Palm Coast, FL 32137

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: *Barbara Grossman* **BARBARA GROSSMAN** Date: **2/26/96** Daytime Phone #: **904-445-3787**

CR2E037 (12/95)