

# 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-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>DC</b>	NAME: <b>MONDELLO, JOSEPH</b> STREET ADDRESS: <b>40 WESTMORE LA</b> CITY-ST-ZIP: <b>PALM COAST FL</b>	1.1 TITLE: <b>DC</b> 1.2 NAME: <b>Honey Maresco</b> 1.3 STREET ADDRESS: <b>13 Cotton Ct.</b> 1.4 CITY-ST-ZIP: <b>PALM COAST, FL 32137</b>
TITLE: <b>DVC</b>	NAME: <b>DELGROSSO, SAVERIO</b> STREET ADDRESS: <b>52 CHRISTOPHER CT</b> CITY-ST-ZIP: <b>PALM COAST FL</b>	2.1 TITLE: <b>DVC</b> 2.2 NAME: <b>ALAN GROSSMAN</b> 2.3 STREET ADDRESS: <b>20 Cochise Ct.</b> 2.4 CITY-ST-ZIP: <b>PALM COAST, FL 32137</b>
TITLE: <b>DS</b>	NAME: <b>GAYNOR, DIANE</b> STREET ADDRESS: <b>29 CONLEY CT</b> CITY-ST-ZIP: <b>PALM COAST FL</b>	3.1 TITLE: <b>DS</b> 3.2 NAME: <b>DOTTIE O'BRIEN</b> 3.3 STREET ADDRESS: <b>50 Cold Spring Ct.</b> 3.4 CITY-ST-ZIP: <b>Palm Coast, FL 32137</b>
TITLE: <b>DT</b>	NAME: <b>GROSSMAN, BARBARA</b> STREET ADDRESS: <b>20 COCHISE COURT</b> CITY-ST-ZIP: <b>PALM COAST FL</b>	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____
TITLE: <b>DRC</b>	NAME: <b>MERCANTE, ANTHONY</b> STREET ADDRESS: <b>10 VALENCIA STREET</b> CITY-ST-ZIP: <b>PALM COAST FL</b>	5.1 TITLE: <b>DRC</b> 5.2 NAME: <b>DOTTIE ERIKSEN</b> 5.3 STREET ADDRESS: <b>39 Colonial Ct.</b> 5.4 CITY-ST-ZIP: <b>Palm Coast, FL 32137</b>
TITLE: <b>DFC</b>	NAME: <b>WAKEMAN, PHILIP</b> STREET ADDRESS: <b>9 CEDARVIEW COURT</b> CITY-ST-ZIP: <b>PALM COAST FL</b>	6.1 TITLE: <b>DFC</b> 6.2 NAME: <b>Mike Mercante</b> 6.3 STREET ADDRESS: <b>65 Commanche Ct.</b> 6.4 CITY-ST-ZIP: <b>Palm Coast, FL 32137</b>

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)