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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36989** (4)  
1. Corporation Name  
**ANCHOR BOAT CLUB, INC.**



Principal Place of Business <b>HONEY MARESCO 13 COTTON COURT PALM COAST FL 32137 US</b>	Mailing Address <b>ANCHOR BOAT CLUB, INC. PO BOX 351501 PALM COAST FL 32135-1501 US</b>
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3. Date Incorporated or Qualified  
**03/05/1990**

4. FEI Number  
**59-3047602**

Applied For	
Not Applicable	

2. Principal Place of Business 21 <b>Bob Meyers</b>	2a. Mailing Address 26 <b>same as above</b>
Suite, Apt. #, etc. 22 <b>11 Collingville Ct.</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Palm Coast FL</b>	City & State 28
Zip 24 <b>32137</b>	Country 25 <b>US</b>
	Country 30

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

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 <b>Guntharp, Paul M., Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>185 Cypress Pt. Pkwy, Suite 6</b>
83 <b>Suite 6</b>
84 City <b>Palm Coast FL</b>
85 Zip Code <b>32164</b>

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 *Paul M. Guntharp, Jr.* **Paul M. Guntharp, Jr.** DATE **March 4, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	NAME <b>MARESCO, HONEY</b>	1.1 TITLE <b>DC</b>	NAME <b>Meyers, Bob</b>
STREET ADDRESS <b>13 COTTON CT</b>		1.2 NAME <b>Bob Meyers, Bob</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>11 Collingville Ct.</b>	
TITLE <b>DVC</b>	NAME <b>GROSSMAN, ALAN</b>	1.4 CITY-ST-ZIP <b>Palm Coast, FL 32137</b>	
STREET ADDRESS <b>20 COCHISE CT</b>		2.1 TITLE <b>DVC</b>	NAME <b>Tontodonato, Eugene</b>
CITY-ST-ZIP <b>PALM COAST FL</b>	<input checked="" type="checkbox"/> DELETE	2.2 NAME <b>Eugene Tontodonato</b>	
TITLE <b>DS</b>	NAME <b>SANQUINETTI, ANITA</b>	2.3 STREET ADDRESS <b>49 Comanche Ct.</b>	
STREET ADDRESS <b>17 WOODWARD LN</b>		2.4 CITY-ST-ZIP <b>Palm Coast, FL 32137</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>same</b>	
TITLE <b>DT</b>	NAME <b>GROSSMAN, BARBARA</b>	3.2 NAME <b>same</b>	
STREET ADDRESS <b>20 COCHISE COURT</b>		3.3 STREET ADDRESS <b>same</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <b>same</b>	
TITLE <b>DRC</b>	NAME <b>MAYER, ANN</b>	4.1 TITLE <b>DT</b>	NAME <b>Erickson, Bill</b>
STREET ADDRESS <b>18 CLEARVIEW CCT N</b>		4.2 NAME <b>Bill Erickson</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS <b>16 Willoughby Pl.</b>	
TITLE <b>DFC</b>	NAME <b>SANQUINETTI, BRAD</b>	4.4 CITY-ST-ZIP <b>Palm Coast, FL 32164</b>	
STREET ADDRESS <b>17 WOODWARD LN</b>		5.1 TITLE <b>DRC</b>	NAME <b>Cohen, Linda</b>
CITY-ST-ZIP <b>PALM COAST FL</b>	<input checked="" type="checkbox"/> DELETE	5.2 NAME <b>Linda Cohen</b>	
TITLE <b>DFC</b>	NAME <b>SANQUINETTI, BRAD</b>	5.3 STREET ADDRESS <b>6 Chesney Ct.</b>	
STREET ADDRESS <b>17 WOODWARD LN</b>		5.4 CITY-ST-ZIP <b>Palm Coast, FL 32137</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>DFC</b>	NAME <b>O'Brien, Donald</b>
TITLE <b>DFC</b>	NAME <b>SANQUINETTI, BRAD</b>	6.2 NAME <b>Donald O'Brien</b>	
STREET ADDRESS <b>17 WOODWARD LN</b>		6.3 STREET ADDRESS <b>50 Cold Spring Ct.</b>	
CITY-ST-ZIP <b>PALM COAST FL</b>	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <b>Palm Coast, FL 32137</b>	

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: *Robert E. Meyers* **Robert E. Meyers** DATE **3/4/98**

CR2E087 (10/97)