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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
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DOCUMENT # N36989

1. Corporation Name
ANCHOR BOAT CLUB, INC.

Principal Place of Business C/O BOB MYERS 11 COLLINGVILLE CT PALM COAST FL 32137 US	Mailing Address ANCHOR BOAT CLUB, INC. PO BOX 351501 PALM COAST FL 32135-1501 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3047602
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR
185 CPYRESS PT PKWY
STE 6
PALM COAST FL 32164

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MEYERS, BOB	
STREET ADDRESS	11 COLLINGVILLE CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	TONTODONATO, EUGENE	
STREET ADDRESS	49 COMANCHE CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SANQUINETTI, ANITA	
STREET ADDRESS	17 WOODWARD LN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ERICKSON, BILL	
STREET ADDRESS	16 WILLOUGHBY PL	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	DRC	<input type="checkbox"/> DELETE
NAME	COHEN, LINDA	
STREET ADDRESS	6 CHESNEY CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DFC	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, DONALD	
STREET ADDRESS	50 COLD SPRING CT	
CITY-ST-ZIP	PALM COAST FL 32137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS
3.3 STREET ADDRESS	Bohn, Janet
3.4 CITY-ST-ZIP	13 N. Clearview Ct. PALM COAST FL 32137
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DFC
6.3 STREET ADDRESS	Maresco, Charles
6.4 CITY-ST-ZIP	13 Cotton Ct. Palm Coast FL 32137

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 3/4/99 904 446 3142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037_ (11/98)