

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90026 002 \*\*\*\*61.25

**DOCUMENT # N97000004840**

1. Corporation Name

**DAYTONA BEACH YACHT CLUB, INCORPORATED**

Principal Place of Business

P.O. BOX 6392, STATION A  
DAYTONA BEACH FL 32122

Mailing Address

P.O. BOX 6392, STATION A  
DAYTONA BEACH FL 32122



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

**08/25/1997**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-1032346**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUM, GERALD E**  
**1224 S. PENINSULA DR. #116**  
**DAYTONA BEACH FL 32218**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **P JACOBSON, CHARLES**  
STREET ADDRESS **OAKMONT CIR**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P REIMANN, JUDITH C**  
1.3 STREET ADDRESS **54 WOODLANDS BLVD**  
1.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☒ DELETE  
NAME **V REIMANN, JUDITH C**  
STREET ADDRESS **54 WOODLANDS BLVD**  
CITY-ST-ZIP **ORMOND BEACH FL 32118**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **V BEEBE, OTTO**  
2.3 STREET ADDRESS **404 S. BEACH ST. #804**  
2.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☒ DELETE  
NAME **S BAUM, JOANN M**  
STREET ADDRESS **1224 S PENINSULA DR, #116**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **S BEEBE, JUDY**  
3.3 STREET ADDRESS **404 S. BEACH ST #804**  
3.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☒ DELETE  
NAME **TD MOYNELO, ANDRE**  
STREET ADDRESS **404 S BEACH ST, #1202**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **T TONJES, JANE M.**  
4.3 STREET ADDRESS **4420 CONWAY GARDENS RD**  
4.4 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE ☐ DELETE  
NAME **D BAUM, GERALD E**  
STREET ADDRESS **1224 S PENINSULA DR, #116**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **D MOYNELO, ANDRE**  
5.3 STREET ADDRESS **404 S. BEACH ST #1202**  
5.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ DELETE  
NAME **D DON CARLOS, WILLIE MAE**  
STREET ADDRESS **718 CENTRAL PARK BLVD**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D JACOBSEN, CHARLES**  
6.3 STREET ADDRESS **44 OAKMONT CIR.**  
6.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174-3817**

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:

**GERALD E. BAUM** 4/6/99 904-255-1537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)