

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:14

DOCUMENT # N25760 (2)

1. Corporation Name

FORT MYERS BEACH YACHT CLUB, INC.

Principal Place of Business

Mailing Address

~~C/O EUGENE STEFFAN~~
~~2500 MAIN STREET~~
~~FT. MYERS BEACH FL 33904~~

~~C/O EUGENE STEFFAN~~
~~2500 MAIN STREET~~
~~FT. MYERS BEACH FL 33904~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1988 3a. Date of Last Report 04/13/1994

4. FEI Number 65-0101799 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 137 MADISON ST

26 137 MADISON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PO BOX 6416

27 PO BOX 6416

City & State

City & State

23

28

Zip

Country

Zip

Country

24 33932

25 LEE

29 33932

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEFFAN, EUGENE
2500 MAIN STREET
FT. MYERS BEACH FL 33904

81 Name ROBERT E. JACOBY
82 Street Address (P.O. Box Number is Not Acceptable) 137 MADISON ST.
83 PO BOX 6416
84 City
85 FL 86 Zip Code 33932

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

ROBERT E. JACOBY, TREAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

1-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE RD-
NAME ROSENSTRAUCH, AL
STREET ADDRESS 4230 SE 20TH PL, #107
CITY-ST-ZIP CAPE CORAL FL
TITLE VD
NAME LEE, CLIFFORD
STREET ADDRESS 894 BUTTONWOOD, #115
CITY-ST-ZIP FT MYERS BEACH FL
TITLE GD-
NAME GROSS, JOHN
STREET ADDRESS 17340 SAN CARLOS BLVD
CITY-ST-ZIP FT. MYERS BCH FL
TITLE SD
NAME MILLER, CONNIE
STREET ADDRESS 4521 BAY BEACH LANE
CITY-ST-ZIP FT. MYERS BCH FL
TITLE TD
NAME JACOBY, ROBERT
STREET ADDRESS 137 MADISON ST.
CITY-ST-ZIP FT. MYERS BCH FL
TITLE D
NAME KOLAR, TOM
STREET ADDRESS 916 SAN CARLOS DR.
CITY-ST-ZIP FT MYERS BEACH FL

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE CD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE PCD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 19.07(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 checked, with an attachment with an address.

SIGNATURE:

Robert E. Jacoby ROBERT E. JACOBY

Date

Anytime (Form 8)