

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:13

DOCUMENT # 701849 (2)
1. Corporation Name
YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC

Principal Place of Business
VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FL 34285

Mailing Address
VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1960
3a. Date of Last Report 04/20/1994

4. FEI Number 59-0936012
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELMANN, WILLIAM E
1325 TARPON CENTER DRIVE
VENICE FL 34285

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 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

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 SD
NAME LYMAN, LUKE H
STREET ADDRESS 1325 TARPON CENTER #27
CITY-ST-ZIP VENICE FL

1.1 TITLE PD
1.2 NAME Krenz, Roger K.
1.3 STREET ADDRESS 1325 Tarpon Center Dr. #22
1.4 CITY-ST-ZIP Venice FL 34285

TITLE VPD
NAME HOLLAND, JOHN M
STREET ADDRESS 1325 TARPON CENTER #5
CITY-ST-ZIP VENICE FL

2.1 TITLE VPD
2.2 NAME Luck, James S.
2.3 STREET ADDRESS 1325 Tarpon Center Dr. #1
2.4 CITY-ST-ZIP Venice FL 34285

TITLE TD
NAME ENGELMANN, WILLIAM E.
STREET ADDRESS 1325 TARPON CENTER #15
CITY-ST-ZIP VENICE, FL 00000

3.1 TITLE SD
3.2 NAME Ledwidge, Rosemary
3.3 STREET ADDRESS 1325 Tarpon Center Dr. #14
3.4 CITY-ST-ZIP Venice FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME Holland, John M.
4.3 STREET ADDRESS 1325 Tarpon Center Drive #5
4.4 CITY-ST-ZIP Venice FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME Lyman, Luke H Deceased
5.3 STREET ADDRESS 1325 Tarpon Center Dr. #27
5.4 CITY-ST-ZIP Venice FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Engelmann 5/15/95 (813)488-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR