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

APPROVED AND FILED

95 APR -7 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730223 (5)

1. Corporation Name

SOUNDINGS YACHT AND TENNIS CLUB, ~~INCORPORATED~~, INC.

Principal Place of Business	Mailing Address
10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790	10301 S.E. SOUNDINGS DRIVE.CLUBHOUSE P.O. BOX 1790 HOBE SOUND FL 33475-1790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1974
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1651162 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ESPOSITO, FRANK R.
8554 SE SEAGRAPE WAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

01 Name: Rohl, Davis
02 Street Address (P.O. Box Number is Not Acceptable): 8944 SE Pelican Island Way
03
04 City: Hobe Sound FL 05 Zip Code: 33455

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: Davis Rohl, Commodore
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	C	1.1 TITLE	Commodore /D	☒ Change ☐ Addition
NAME	ESPOSITO, FRANK R.	1.2 NAME	Rohl, Davis	
STREET ADDRESS	8554 SE SEAGRAPE WAY	1.3 STREET ADDRESS	8944 SE Pelican Island Way	
CITY-ST-ZIP	HOBE SOUND, FL 00000	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	VC	2.1 TITLE	Vice Commodore	☐ Change ☐ Addition
NAME	DETMER, DUGENE	2.2 NAME	Detmer, Eugene	
STREET ADDRESS	9099 SE HAWKSBILL WAY	2.3 STREET ADDRESS	9099 SE Hawksbill Way	
CITY-ST-ZIP	HOBE SOUND, FL 00000	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	RC	3.1 TITLE	Rear Commodore	☒ Change ☐ Addition
NAME	BAYER, RICHARD	3.2 NAME	Thompson, Corley	
STREET ADDRESS	8485 SE GULFSTREAM PL	3.3 STREET ADDRESS	8616 SE Gulfstream Place	
CITY-ST-ZIP	HOBE SOUND, FL 00000	3.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	T	4.1 TITLE	Treasurer /D	☒ Change ☐ Addition
NAME	WHITEFORD, PAUL	4.2 NAME	Malette, Edward	
STREET ADDRESS	8896 SE HARBOR ISLAND WAY	4.3 STREET ADDRESS	10363 SE Coconut Lane	
CITY-ST-ZIP	HOBE SOUND, FL 00000	4.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	S	5.1 TITLE	Secretary /D	☐ Change ☐ Addition
NAME	CUTLIP, RICHARD	5.2 NAME	Cutlip, Richard	
STREET ADDRESS	8987 SE STAR ISLAND WAY	5.3 STREET ADDRESS	8987 SE Star Island Way	
CITY ST ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	SC	6.1 TITLE	Staff Commodore	☒ Change ☐ Addition
NAME	SMITH, JOSEPH	6.2 NAME	Esposito, Frank	
STREET ADDRESS	8857 SE STAR ISLAND WAY	6.3 STREET ADDRESS	8554 SE Seagrape Way	
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	Hobe Sound, FL 33455	

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)(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 added on an attachment with an address.

SIGNATURE: Davis Rohl, Commodore 3/29/95 407-546-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0051413