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 MAY 11 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36989** **(4)**

1. Corporation Name

ANCHOR BOAT CLUB, INC.

Principal Place of Business	Mailing Address
C/O PAUL A. GAULIN 8 CONLEY CT. PALM COAST FL 32137	C/O PAUL A. GAULIN 8 CONLEY CT. PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-3047602 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GUNTHARP, PAUL M., JR.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required for printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE		☐ Change ☐ Addition
NAME	MONDELLO, JOSEPH	12 NAME		
STREET ADDRESS	40 WESTMORE LA	13 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	14 CITY ST ZIP		
TITLE	DVC	21 TITLE		☐ Change ☐ Addition
NAME	DELGROSSO, SAVERIO	22 NAME		
STREET ADDRESS	52 CHRISTOPHER CT	23 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	24 CITY ST ZIP		
TITLE	DS	31 TITLE	DS	☒ Change ☐ Addition
NAME	MERCANTE, JANICE	32 NAME	GAYNOR, DIANE	
STREET ADDRESS	65 COMANCHE CT.	33 STREET ADDRESS	29 Conley Ct.	
CITY ST ZIP	PALM COAST FL	34 CITY ST ZIP	Palm Coast, FL 32137	
TITLE	DT	41 TITLE	DT	☒ Change ☐ Addition
NAME	ADDESSO, ANGELA	42 NAME	GROSSMAN, BARBARA	
STREET ADDRESS	76 COCHISE CT	43 STREET ADDRESS	20 Cochise Court	
CITY ST ZIP	PALM COAST FL	44 CITY ST ZIP	Palm Coast, FL 32137	
TITLE	DRC	51 TITLE	DRC	☒ Change ☐ Addition
NAME	MARESCO, CHARLES	52 NAME	Mercante, Anthony	
STREET ADDRESS	13 COTTON CT	53 STREET ADDRESS	10 Valencia Street	
CITY ST ZIP	PALM COAST FL	54 CITY ST ZIP	Palm Coast, FL 32137	
TITLE	DFC	61 TITLE	DFC	☒ Change ☐ Addition
NAME	MASSIE, OZZIE	62 NAME	Wakeman, Philip	
STREET ADDRESS	27 CONLEY CT	63 STREET ADDRESS	9 Cedarview Court	
CITY ST ZIP	PALM COAST FL	64 CITY ST ZIP	Palm Coast, FL 32137	

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 on an attachment with an address.

SIGNATURE: Barbara A. Grossman Barbara A. Grossman 5/8/95 904-445-0835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)