

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36989** (4)
1. Corporation Name
ANCHOR BOAT CLUB, INC.



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

Mailing Address
**C/O PAUL A. GAULIN
8 CONLEY CT.
PALM COAST FL 32137**

2. Principal Place of Business
21 **Honey Maresco**
Suite, Apt. #, etc.
22 **13 Cotton Court**
City & State
23 **Palm Coast, FL**
Zip
24 **32137**

2a. Mailing Address
26 **Anchor Boat Club, Inc.**
Suite, Apt. #, etc.
27 **P.O. Box 351501**
City & State
28 **Palm Coast, FL**
Zip
29 **32135-1501**
Country
30 **Flagler**

3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
05/11/1995

4. FEI Number
59-3047602

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent
**GUNTARP, 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
85 Zip Code
FL

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DC	MONDELLO, JOSEPH	40 WESTMORE LA	PALM COAST FL	<input checked="" type="checkbox"/>
DVC	DELGROSSO, SAVERIO	52 CHRISTOPHER CT	PALM COAST FL	<input checked="" type="checkbox"/>
DS	GAYNOR, DIANE	29 CONLEY CT	PALM COAST FL	<input checked="" type="checkbox"/>
DT	GROSSMAN, BARBARA	20 COCHISE COURT	PALM COAST FL	<input type="checkbox"/>
DRC	MERCANTE, ANTHONY	10 VALENCIA STREET	PALM COAST FL	<input checked="" type="checkbox"/>
DFC	WAKEMAN, PHILIP	9 CEDARVIEW COURT	PALM COAST FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DC	Honey Maresco	13 Cotton Ct.	PALM COAST, FL 32137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVC	ALAN GROSSMAN	20 Cochise Ct.	PALM COAST, FL 32137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	DOTTIE O'BRIEN	50 Cold Spring Ct.	Palm Coast, FL 32137	<input type="checkbox"/>	<input type="checkbox"/>
DRC	DOTTIE ERIKSEN	39 Colonial Ct.	Palm Coast, FL 32137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DFC	Mike Mercante	65 Commanche Ct.	Palm Coast, FL 32137	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 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 Grossman* **BARBARA GROSSMAN**

2/26/96

904-445-3787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)