

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701849** (2)  
1. Corporation Name  
**YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC**



Principal Place of Business <b>VENICE, INC. 1325 TARPON CENTER ROAD VENICE FL 34285</b>	Mailing Address <b>VENICE, INC. 1325 TARPON CENTER ROAD VENICE FL 34285-1141</b>
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3. Date Incorporated or Qualified <b>12/29/1960</b>	3a. Date of Last Report <b>07/17/1996</b>
4. FEI Number <b>59-0936012</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**TRUESCHEL, VICKI  
C/O STEWART BUSINESS SERVICES INC  
1224 RIDGEWOOD AVE  
VENICE FL 34292**

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
	<b>FL</b>

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	PD	<input type="checkbox"/> DELETE
NAME	KRENZ, ROGER K	
STREET ADDRESS	1325 TARPON CENTER DR #22	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAND, JOHN M	
STREET ADDRESS	1325 TARPON CENTER #5	
CITY-ST-ZIP	VENICE FL	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	LUCK, JAMES	
STREET ADDRESS	609 CADIZ ROAD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, NORMAN	
STREET ADDRESS	1325 TARPON CENTER #3	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEDWIDGE, ROSEMARY	
STREET ADDRESS	1325 TARPON CENTER #14	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **RECEIVED** *[Signature]* **APR 14 1997** *[Signature]* **4/14/97** *[Signature]* **944-484-6128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064382

CR2E037 (9/96)